

PHILADELPHIA MEDICAL TIMES.

PHILADELPHIA, SEPTEMBER 30, 1876.

WITH the present number closes the sixth volume of the *Philadelphia Medical Times*. Notwithstanding the universal commercial depression and the very general falling off in the subscription-lists of professional as well as lay periodicals, the past year has been the most prosperous that the *Times* has had since its origin. Of the reason of this, and of the quality of the matter appearing in our columns, it is scarcely becoming us to speak, but we believe that experience has shown that it is possible to have in the city of Philadelphia a bi-weekly journal which will compare favorably with any in the world. We do not mean to claim for the *Times* such position, but only such approximation as demonstrates the possibility of achievement.

Every care will be taken to render the journal a practical, although scientific, periodical,—one which shall be of use to the practitioner in his daily conflicts with disease, and one which shall also enable him constantly to refit himself for contact with those of the profession who, themselves conversant with the latest novelties, value their professional brethren according to their scientific as well as their practical attainments. The name of Philadelphia has become so associated with that of the *Times* as to lead many to think that the aim of the journal is local. We are, however, more and more determined in our striving to render it national rather than local. In the editorial columns we have in the past, to a great extent, discussed questions of national interest; and we expect in the future more and more to avoid local questions. We especially invite brief reports of cases of practical interest from our country friends, and are peculiarly desirous of having accounts of the various devices with which difficulties in surgical and medical practice are met by those

whose ingenuity is stimulated by the lack of instruments and medical aid, which so abound in large cities. Almost every man of large experience has certain “dodges” peculiar to himself which ought to be made known, and every one could, if this were done, supersede some of his own methods by better ones.

THE BALHAM MYSTERY.—The result of the second Balham inquest is the verdict of death by wilful poisoning by some person or persons unknown, the destruction of the reputation of some of the laity most closely connected with the case, and the grave implication of Sir William Gull, whose conduct, as judged by his own testimony, is, according to the London *Lancet*, a matter of great gravity, which it will be needful to discuss apart as a question of etiquette and professional decency.

THE PUBLIC HEALTH ASSOCIATION.—We desire to call the attention of such of our readers as are interested in hygiene, or the science of diminishing the receipts of the medical profession, to the meeting of the Public Health Association, to be held at Boston, October 3. The members of this Association seem thoroughly in earnest, and, judging from the circular published by the Committee of Arrangements, the meeting is as well arranged, and bids fair to be as harmonious and useful, as that of the Centennial Congress.

We hope Philadelphia will be well represented, although the exhaustion which follows excessive effort has, for the time being, pretty much suppressed professional enthusiasm in this vicinity.

AMYLOID DEGENERATION IN THE MUSCULAR TISSUE OF THE HEART.—Hesch (*Centralbl. f. Chir.*, 1876, No. 24), with the aid of Leonhardi's staining fluid, has succeeded in demonstrating amyloid degeneration of the muscular structures of the heart as a not infrequent occurrence. The muscular tissue of this organ possessing no sarcolemma, the amyloid envelopes are probably a new exudative formation.

INTERNATIONAL MEDICAL CONGRESS.

SURGICAL SECTION.

MONDAY, SEPTEMBER 4, 1876.

IN opening the Surgical Section, the following remarks were made by Professor LISTER, the President of the Section:

"Gentlemen,—Although I am well aware that the time of this Section is exceedingly precious, I cannot refrain from expressing my deep sense of the honor I have received—an honor as great as it was entirely unexpected—in being called upon to preside over the surgical department of this great International Congress, sitting, as it does, in the chief centre of medical instruction in this vast continent. American surgeons are renowned throughout the world for inventive genius, and boldness and skill in execution. It is to America that we owe anæsthesia, the greatest boon ever conferred upon suffering humanity by human means.

"From America came the ligature of the common iliac artery for aneurism, the ligature of the internal iliac for the same disease, the use of the metallic suture for wounds, the extension treatment by the weight and pulley for fractures of the thigh and other injuries and diseases, the reduction of dislocation of the hip-joint by manipulation, and that model of ingenuity which I cannot mention without alluding to the name of its inventor, Sayre's splint for morbus coxarius; these are but samples of what surgery owes to this country. It might therefore well have been that some American surgeon should have been called upon to preside over this Section of the Congress.

"Yet I assure you, gentlemen, that highly as I esteem the honor, it is the more gratifying to me because I am persuaded that it has not been conferred on account of any special merits of my own, but in consequence of the interest felt by the profession in antiseptic surgery, with which my name happens to be connected. It was the circumstance of my observing, in the programme of the business of the Congress, that the subject of antiseptic surgery was to come on first for discussion, that led me to cross the Atlantic; and I should be pleased indeed if the discussion which is about to take place should have the effect of strengthening the belief of the profession here in the truth, the value, and the practical applicability of the principles of antiseptic surgery."

The regular proceedings of the Section were then opened by the reading of the report of Prof. JOHN T. HODGEN on Antiseptic Surgery. The paper contained a complete *résumé* of the literature and progress of the subject. He advocated the germ-theory, but thinks that the organisms to which suppuration is due

may originate within the body or enter into it by other routes than a wound. Among all the various antiseptics which have been used, Dr. Hodgen gives a decided preference to carbolic acid; he also likes salicylic acid, but thinks that its efficacy needs to be established by longer experience.

The discussion on this report was then opened by Dr. HEWSON, of Philadelphia, who said that he had tried many various forms of antiseptic dressings, but prefers dry earth and salicylic acid. He never uses ligatures, but employs in their stead acupressure and torsion. The dressing should be covered with blue paper, and the most perfect quiet of the part should be insisted on.

Dr. POOLEY, of Ohio, uses freely a solution of carbolic acid (1:7) as a dressing for wounds, and thinks that the time of healing is thus much diminished. He has not had much experience with salicylic acid, but in one case in which he employed it it caused a great deal of pain.

Dr. HEWSON then said that this acid gave no pain when used as a dressing for amputations, but did when applied to open wounds.

Dr. CONNIFF, of Toronto, called attention to the conclusion of the reporter with regard to the occurrence of putrefactive changes without the entrance of germs from the air at the wound, and inquired, if this were true, of what avail could the antiseptic mode of dressing be. The body is made up of a vast number of cells or molecules, each of which possesses a distinct individual life. These molecules, while having a period of growth and of decline and death, are also liable to injury. In a contused wound may be found a number of cells crushed to death, and others injured more or less severely, some of which might, under favorable circumstances, recover a part or the whole of their normal vitality. Which must perish, and which be restored, must be determined by nature. He was unable to see in what way the presence of germs could affect this procedure, and his own experience had been such that he found it impossible to entertain the doctrine of germ-putrefaction. He did not wish, however, to convey the impression that he did not employ the agents called antiseptics. They were constantly applied to putrefying tissues, not with the view of destroying or preventing the action of air-germs, but to arrest or prevent putrefying decomposition due to chemical changes. In conclusion, he said that he thought success in this matter depended almost entirely on cleanliness, and that to the degree of this secured by Prof. Lister's mode of treatment were due his good results. Next to cleanliness he placed great value upon rest, both physical and physiological.

Prof. FRANK H. HAMILTON spoke of the good results attained in the treatment of wounds by leaving them open. Healing in this mode of treatment took place with ra-

pidity, and complications were not apt to occur. At St. Francis's Hospital wounds were treated by submerging them in water at a temperature of 95°, and if gangrene was feared a temperature of 110° was employed. Among the cases thus treated, erysipelas, gangrene, and pyæmia were almost unknown. Dr. GRANT, of Ottawa, formerly used the cold-water dressing with satisfaction, but was convinced by a visit to Edinburgh that the antiseptic method of treatment, when properly carried out, gives better results. Dr. KINLOCH, of Charleston, remarked that while willing to accord to the antiseptic method much or all that was claimed for it, he thought much of its good resulted from the immovable dressings which were employed with it. The importance of this element in the treatment of fractures and injuries of joints is freely recognized, but its value in favoring the healing of injured soft parts is perhaps not so much thought of as it should be. Dr. HYDE, of Cortland village, N. Y., called attention to the importance of the condition of the patient at the time of the infliction of the injury, and to the value of constitutional treatment. He thought that these were both important elements, and should be taken into account in forming our estimate of the value of particular modes of treatment. Dr. J. ATLEE said that he had lately been using a solution of chloral hydrate (gr. v ad f 3i water) as a topical application to old ulcers, with good results, and made inquiries as to its probable mode of action.

Dr. JOHN T. CARPENTER, of Pottsville, Pennsylvania, said that in 1862, while Medical Director of U. S. Army Hospitals in and around Cincinnati, he saw many cases of hospital gangrene, and, believing that this septic disease was due to local influence, he directed an antiseptic local treatment, which, beyond all expectation, met with most gratifying success. The surgeons of the various hospitals were directed to remove as nearly as possible the entire diseased tissue with the knife, to bathe the wound with *freshly generated* chlorine gas (used as chlorine water), to pack the now purified raw surfaces with lint saturated in creasote, and to trust to free ventilation, good food, and tonic treatment for the rest. Of more than a hundred cases of hospital gangrene thus faithfully treated, he could recall but two deaths, one from erosion of a large artery, and the other from thrombosis with enormous heart-clot.

Here, then, was made a decided attempt to treat a putrefactive disease by removing the poisoned tissues, and occupying the wound with a protective dressing as a means of preventing any reinoculation of it with a poison which was recognized as existing in the atmosphere of the wards. Creasote was at that time the only chemical agent known which could substitute or replace our present carbolic acid, and whose results would be at all similar.

Dr. JOHN ASHHURST called attention to the justice of Dr. Hyde's reference to the importance of the condition of the patient, and of constitutional treatment. The cases upon which he has operated in the Children's Hospital of this city have uniformly done well, and he thought it due to their freedom from disease of the liver and kidneys, and other pathological conditions.

TUESDAY, SEPTEMBER 5.

Prof. LISTER, being asked to close the debate, said that there was not time enough at his disposal to permit him to go into the subject fully, but he would try to answer some of the objections which had been raised against antiseptic surgery. First, as to the statement that the carrying out of the details which are so strongly insisted on by him involves a vast amount of trouble. This is often due to inefficient apparatus, or to a want of familiarity with its use, and can just as readily be raised against any new invention. Even if increased care and trouble are inflicted upon the surgeon, he should cheerfully meet them, since the results to the patient are so much better. The duration of the treatment is often so shortened that the actual amount of labor needed is less than that called for by the more frequent changes of dressings of the older modes. It is also urged that by other methods good results are obtained; this is true, but still these results are not the best possible. When the antiseptic method is used, the operator has a feeling of absolute security even when doing a resection or cutting into a joint. The blood which is poured out between the cut surfaces becomes organized under this dressing, no pus is formed, and cicatrization goes on almost without granulation. It also puts us in a position to open chronic abscesses of bone without the dread of fever following. In the treatment of acute abscesses it gives us the satisfaction of knowing that when the cavity has once been opened and the pus evacuated, it will not form again. Arteries may be ligated near the origins of large branches; may be ligated without risk. The reporter said that putrefaction may originate from germs from within, but this is disproved by any simple fracture, and if this process could be caused by a severe injury alone, it ought to occur in every such case. The greatest danger from opening chronic abscesses is within the first few days, as the lining membrane is in a state similar to a cicatrix with the epidermis removed, and all danger from this source is avoided by the antiseptic dressing. Prof. Lister now employs absolute phenol, which is nearly pure, and the greater its purity the greater is its solubility and the less its odor. If pure, it dissolves in 16 parts of water, and its irritability is less in direct ratio to its purity. In a solution of 1 part to 20 of water, it is unequalled in efficiency as a detergent. One prominent German advocate of salicylic acid

has returned to the use of the spray of carbolic acid. A detailed explanation of the apparatus used in the formation of the spray from a solution of the strength of 1 to 20 was here given, and the importance of placing everything which is to come in contact with the patient in a solution of carbolic acid before use. Catgut ligatures are to be used to secure any bleeding arteries, and silk, with a coating of copal varnish, as a protection to the cutaneous surface. Several layers of carbolized gauze are then to be loosely adjusted, and the coating of Mackintosh cloth kept in position by gauze. During all this time the spray must be kept up with the greatest assiduity. No change of the dressing need be made until the discharges soak through, when the outer coverings must be removed, and renewed under carbolic-acid spray, but the deeper layers of the dressing may remain for weeks. The gauze mentioned above is prepared from cotton cloth with loose meshes by melting together 1 part acid, 5 resin, 17 paraffine, forcing the mixture into the cloth under pressure. This gauze is not at all dear, and it may be recarbolized, and the cost thus brought down to a penny a yard. A hospital in which the antiseptic method is thoroughly carried out may be carried on more cheaply than others, since the dressings do not require such frequent renewal. The use of the spray generator is attended with some inconvenience, but as yet no way of doing away with its use has been devised. The ligatures which Prof. Lister now uses are prepared with a mixture of carbolic acid, glycerin, water, chromic acid, and spirits of wine. No danger has been seen from the application of the spray to the peritoneum, and in ovariectomy its use has been highly spoken of by operators. He likes salicylic acid to sprinkle on edges of wounds, as carbolic acid becomes offensive when left for weeks, although no organisms are found and no putrefaction takes place. The formation of these odors is due to chemical changes, and prevented by salicylic acid.

When the prolonged application of carbolic acid has caused irritation, the application of salicylic acid removes it, and does not interfere with the continuance of antiseptic measures.

A detailed account of his experiments relative to germs, and as to the prevention of their entrance into wounds, etc., was then given, and the discussion was continued at some length by Dr. T. E. SATTERTHWAITHE, of New York.

WEDNESDAY, SEPTEMBER 6.

Dr. VAN BUREN's paper on the "Medical and Surgical Treatment of Aneurism" was read. He considered that Mr. Jolliffe Tuffnell's method gave us a valuable resource in the treatment of thoracic and abdominal aneurisms, and thinks that it should always

be tried in the treatment of this disease and in other large arteries before resorting to operative remedies, which involved a risk to the life of the patient.

The Hunterian operation in aneurisms of the subclavian and iliac arteries is not a justifiable one with our present means of preventing secondary hemorrhage.

The mode of cure by embolism aimed at in the method of manipulation is a not unfrequent explanation of what is called spontaneous cure of aneurism. The value of Esmarch's bandage in the treatment of aneurism is probably not fully estimated. In view of the promising features presented by the cases of Levis and Bryant, in which horse-hair was introduced into an aneurismal tumor, the repetition of this operation, or the substitution for the horse-hair of Lister's prepared catgut or other animal substances, may be properly tried.

Mr. TUFFNELL presented specimens and photographs, showing what had been accomplished by the system which he advocated, *i.e.*, rest, good diet, and lessening of the pulse. If the pulse is brought down to 56, the heart beats 43,000 times per diem less than its normal rate. For success it is necessary that the sac should be in the anterior wall of the vessel, and entire, and the blood must have the power of forming a fibrinous deposit.

Three months of this treatment will usually produce a cure, but he has had coagulation in a popliteal aneurism in twelve days. If the tumor is in an artery of one of the limbs, it should be kept about six inches above the height of the body. Dr. POOLEY alluded to the value of Esmarch's bandage in the performance of opening the sac and tying both ends of the vessel. Dr. POST said that this procedure is applicable only to traumatic aneurisms, when it is the best beyond all question.

Dr. GEORGE A. OTIS corrected the statement made by the reporter, who had quoted a solitary case of ligation of the subclavian. Billroth cites several cases in the war of the Rebellion. In at least two cases ligation was performed, death not resulting for several days. Dr. JOHN ASHHURST alluded to successful ligation in cases of diffusive aneurism. He would use Esmarch's bandage with a tourniquet as a security against hemorrhage. Prof. LISTER reported a case of femoral aneurism which, by order of Mr. Syme, spent several days in bed preparatory to the performance of ligation. When the operation was about to be performed, it was discovered that all pulsation in the tumor had ceased. The choice of method of treatment to be adopted should be influenced not only by the character of the aneurism, but by the consideration of which mode is best for the patient. Aneurism of the brachial artery cannot well be treated by ligation, since its anastomotic branches are so large and numerous. He called attention to pathological conditions of

arterial walls which are met with, and their influence on the results of operations. There can be no danger in the use of the abdominal tourniquet if due care is taken in the application of the pressure.

By the employment of the antiseptic method, not only is the danger of secondary hemorrhage averted, but also that of diffuse suppuration. The operator need have no fear, even if the peritoneal or pleural sac were opened, if this method has been properly used. He now treats *nævi* by ligating the base with carbolized catgut and injecting from one-half to one minim of pure carbolic acid into the tumor at several points. At the expiration of ten minutes the ligature is removed, and the tumor covered with collodion.

Dr. VAN BUREN's paper was referred to the Publication Committee, with a vote of thanks.

Dr. BEDOIN's paper on Ambulances and Litters (translated by Dr. William Ashbridge) was read by title, and referred to the same committee.

Prof. SAYRE's report on *Morbus Coxarius* and its Treatment was then read.

THURSDAY, SEPTEMBER 7.

Prof. GOULEY, of New York, read a paper on "Excision of the Inferior Maxillary Bone," and gave an account of one case upon which he operated in 1864.

The operation was done by an external incision, but it was so made that it lay under the edge of the bone and did not cause great deformity. The disease was due to exposure to the vapors of phosphorus, and a large involucrum was found, which was explained by the fact that one or more attacks of violent phlegmonous inflammation had taken place, which were due to the extraction of molar teeth. The patient was seen seven and a half years after the operation, and at that time the mental portion of the inferior maxillary had been replaced by a thin rim of bone, and there was a thin plate of bone on either side. The patient died of variola in 1874, but no examination was obtained. Some years ago this bone was removed by Italian surgeons by the intrabuccal method, by which all external incisions and consequent cicatrices are avoided. The bone was removed by this method in 1846 for osteo-sarcoma, but this mode of operating when tumors are to be removed was thought by Drs. GOULEY, HUTCHINSON, of Brooklyn, and HYDE, of Cortland, to be unsafe. It is preferable in the removal of the upper jaw, for then all scars are avoided, and the superior maxillary, with the orbital plate and malar bone, can be safely taken out. In answer to a question of Prof. LISTER, it was stated that the entire bone was diseased. The chairman then reiterated the views expressed by the other speakers, with reference to the unsuitability of this mode of operating when tumors are to be removed, and described the method of Maisonneuve, in which, by making the incision

farther forward, the facial nerve is avoided, so that no paralysis of the facial muscles results. He lately took out one-half of the bone by making a linear median incision in the lower lip, and then disarticulating. No paralysis resulted, and, as the cicatrix was in the median line, it was scarcely a deformity. He thinks that the external incision should be used even when the operation is done for the removal of non-malignant tumors. The paper was upon motion referred to the Publication Committee, and the thanks of the Section were tendered to the author.

The discussion on Dr. Sayre's paper on "*Morbus Coxarius* and its Treatment" was then resumed, and after much discussion, in which much was said both for and against the views of the reporter as to its origin in traumatism of a more or less extensive character, and as to the absence of any scrofulous cachexia, the following conclusions were adopted by the Section, and the paper referred to the Publication Committee.

1. *Morbus coxarius* is a disease most frequently met with in early childhood or the age of reckless indifference.

2. That it is almost always of traumatic origin, and not necessarily connected with a vitiated constitution.

3. That rest and freedom from pressure of the parts involved, while at the same time the rest of the body is allowed free exercise in the open air, and a nutritious diet, is the best treatment that has yet been devised for this disease.

4. That if this plan of treatment is adopted in the early stages of this disease, the majority of cases will recover with good, if not quite perfect, motion, and without deformity.

5. That in the advanced second stage of the disease, when absorption of the effused fluid cannot be produced, then it is better to puncture or aspirate the joint, and remove its contents, than to leave it to rupture by ulceration.

6. That in the third stage of the disease, when the treatment recommended in this paper has been properly applied, without satisfactory improvement, but progressive caries continues, then exsection of the diseased bone is not only justified, but in many cases absolutely necessary.

7. That the operation of exsection of the hip-joint is easily performed, and in itself attended with little or no danger.

8. That after exsection of the hip-joint in cases of progressive caries, the recovery is much more rapid and certain, and infinitely more perfect as to form, motion, and the usefulness of the joint and limb, than when left to the slow process of nature.

With regard to the sixth conclusion, in cases in which suppuration has taken place while there is as yet no external opening, in which Prof. Sayre advises exsection, Prof. LISTER remarked that in one case of this char-

acter he had opened the joint antiseptically, and treated the joint by this method, and that the leg was now of the same length as the other.

The paper of Dr. MASTIN, of Mobile, on the "Distribution of Calculous Affections," was next upon the list, and Dr. HODGE stated that, owing to the author's unavoidable absence, he had been requested to read the report. Upon motion, he was permitted to read until the hour for adjournment, when the paper was referred to the Publication Committee.

FRIDAY, SEPTEMBER 8.

The Section met at 2 P.M., Dr. POST, of New York, in the chair.

The conclusions of Prof. Sayre's paper on hip-disease, which had been sent to the Publication Committee on the previous day, were again presented by them to the Section for further consideration, as they were aware that there was a large minority opposed to some of them, more particularly to the second. Dr. BRODIE, of Detroit, read a resolution that the paper of Dr. Sayre and his conclusions be recommended to the Congress for publication, with the exception of the second conclusion, with which the Section could not coincide. The motion was seconded, and, after some discussion, and the suggestion that the whole matter come up for final action in the Congress, carried. The report of Dr. HODGEN on antiseptic surgery was, on motion of Prof. SAYRE, referred to the Publication Committee.

Mr. ADAMS, of London, then read a paper on "Subcutaneous Division of the Neck of the Thigh-bone." He stated that the operation was first done by Barton, in 1826, in this city, by Sayre in 1869, and by himself in the Great Northern Hospital of London. The operation is done by him by passing a narrow knife down to the neck of the femur, excluding air by pressure, and then introducing a narrow saw, with a cutting edge of an inch or a little more, into the track of the knife and dividing the bone. Some of the tendons about the joint may have to be divided before the limb can be adjusted to the desired position. He has records of twenty-three operations and their results, and among them there was but one death, and that occurred in a case which he thought an unfavorable one for operation. The operation has been done by Maunder with a chisel, but Mr. Adams gives preference to the saw, as it can be manipulated with greater certainty than the former instrument. From the results of his own operations and those reported by others, he thinks that we may conclude that,—

Bones may be divided subcutaneously, like tendons.

Leg-bones can be divided at any part of their length with but little risk.

In a large number of cases, union is by first intention.

There is usually but little pus, and but slight amount of pain.

In a few cases there may be deep-seated suppuration, and one death has been reported from pyæmia.

It usually corrects deformity, but ankylosis generally occurs. In some few cases motion has lasted for some time, and in one for three years.

Dr. POST stated that the operation had been twice done in New York before it was performed by Prof. Sayre, once by J. Kearney Piper and once by himself. A claim for priority was then made by Dr. MCGUGIN, of Iowa, who stated that twenty years ago he had divided a femur subcutaneously by the use of a chain-saw, which he passed down to and around the bone. The patient, a boy, made a perfect recovery, served in the army in the late war as a private, and was killed at Vicksburg.

Dr. SERVAIS, of Belgium, called attention to the diverse causes of ankylosis of the hip, and to the care needed in the formation of a diagnosis. He stated that in Belgium cases of this kind were extremely frequent, and also that he had frequently operated for the relief of the deformity by breaking the thigh-bone at its marked point, just below the trochanter. He claimed for this mode of procedure that all risk of causing a compound fracture was avoided. Extension in these cases had been begun by Mr. ADAMS on the fourth day, and kept up for three or four weeks, and motion made under chloroform every third or fourth day. In the future, he thinks, he will begin extension at once, and keep it up continuously by the application of heavy weights.

Dr. SAYRE has done the operation with a chain-saw, and applied extension at once, and obtained good motion. He advises Mr. Adams's operation if ankylosis can be avoided. Dr. MOORE, of Rochester, referred to experiments of Dr. Bly, of the same place, with regard to the extensibility of living muscle, by which he proved that by strong traction muscular fibre would extend to a certain amount. This quality should be borne in mind in the treatment of cases after this operation, as it is perfectly possible to draw out the leg to too great a length. Prof. LISTER confirmed this statement, and said that in Edinburgh ankylosis with unfavorable position was quite rare, and this he attributed to the teachings of Mr. Syme.

Dr. DUGAS, of Georgia, read a paper on "Penetrating Wounds of the Abdomen." He thought that when fatal results occurred in these cases, if they were not due to hemorrhage, they took place too rapidly to be caused by peritonitis, and he explains them by ascribing them to septicæmia. In regard to treatment, he advised free opening of the abdomen along the linea alba, careful examination of the abdominal viscera, and a removal of clots, etc. He further stated that the antiseptic method of treatment might be of service. Dr. Moore stated that he had seen peritonitis fatal in twenty-three and twenty-six hours after injury, and that

in these cases the whole peritoneal surface was covered with plastic lymph. The experience of ovariectomists was alluded to by Dr. Dugas to show that the abdomen could be opened with some degree of safety; but Prof. LISTER spoke of the fallacy of drawing conclusions as to the action of a healthy, normal peritoneum when injured, from that seen in one which has been subject to pathological changes for some time previously.

The paper was, on motion, referred to the Publication Committee.

Dr. HODGE, of Cortland village, New York, then read a paper on the propriety of opening the sac in herniotomy. After going into the literature of the subject and giving the reasons which led him to his conclusions, he announced that he was in favor of opening the sac more frequently than is usually recommended. Dr. POST, in the discussion on the subject which followed the reading of the paper, thought that the cavity of the peritoneum should not be opened except when the circumstances of the case absolutely required that this should be done. A pretty just estimate of the state of affairs within the sac can be formed from its external appearance and the general symptoms of the patient, and in these cases we have the same amount of safety that we have when taxis has been successful.

The paper was, on motion of Dr. CAMPBELL, of Georgia, referred to the Publication Committee.

Dr. CAMPBELL then read a portion of his paper on the ligation of arteries for the relief of inflammation and for the prevention of gangrene. He thinks that the ligation of the artery subdues the inflammation by reducing the amount of blood that enters the part, while not interfering with the escape through the veins of that already there. If gangrene is about to occur from excessively high grade of existing inflammation, the ligation of the artery going to the limb may prevent it, and no limb should be amputated for this cause until this operation has been performed.

Owing to the approach of the hour of adjournment, Dr. Campbell could read but the conclusions of his second paper, on the "Neuro-Dynamic Etiology of Urinary Calculus." Both papers were referred to the usual committee.

Dr. HEWSON presented a paper on the use of nitrous oxide gas and of rapid breathing in the production of anæsthesia, and their suitability for some surgical uses. He read the portion of the paper which had to do with the production of anæsthesia by the latter method, and gave reports of several trials which he had made of its use. He brought prominently forward the consideration that by this means sensibility to pain could be removed while the will of the patient was not suspended. Two papers by Dr. J. A. ESTLANDER, of Finland, one on stone in the bladder in Finland, and the other some observations on the temperature of

the osteo-sarcoma, were then referred by their titles, together with that of Dr. Hewson, to the Committee on Publication.

Dr. HODGEN then read from the report on antiseptic surgery the passage quoted from Prof. Lister's article, and said that upon a re-reading of the passage he had convinced himself that the writer did not mean to state that the ligature itself became re-vitalized, but that its place was taken by living tissue.

A paper of Dr. MOORE, of Rochester, on "Fracture of the Clavicle," was then referred by its title to the Publication Committee. After a vote of thanks to Prof. Lister for the able and impartial manner in which he had presided, the Section adjourned.

SECTION ON SANITARY SCIENCE.

MONDAY, SEPTEMBER 4.

Dr. THOS. E. SATTERTHWAITE, of New York, read a paper on "The Present Condition of the Evidence concerning Disease-Germs." After reviewing the various theories as to the nature of the specific poisons in so-called septic and putrid diseases, he centred his attention upon bacteria. Of these, while avoiding any elaborate classification, he described five varieties, the micrococcus, the rod-shaped, the chain-like, the globular, and the filamentous. Some forms of these he and Dr. Curtis had found in innumerable number, from one end to the other of the whole alimentary track, under conditions consistent with perfect health. In regard to diphtheria, after careful isolation of the bacteria found in the membrane, they did not, upon inoculation, produce any lesions differing from those caused by bacteria taken from his own mouth when quite well. These experiments showed also that after fourteen days bacteria injected under the skins of rabbits had entirely disappeared.

On the other hand, various septic and putrid fluids were passed through a clay filter by means of a vacuum, and when all the bacteria were separated, as proved by various tests, the fluids were found to have lost none of their virulence. In regard to cholera, vaccinia, carbuncular diseases, typhoid fever, and relapsing fever, he showed that their poisons were equally violent when all bacteria had been killed or removed.

Referring to the work of Oertel, he thought he had described no form of bacteria in cases of diphtheria which had not been found in his own and Dr. Curtis's mouths when in perfect health.

In conclusion, he formulated the following:

I. That, so far as inquiry has been made as to the nature of the active principle in infective diseases, it is probable that in a certain number the matter is particulate or molecular

in form, and that it is in such instances in no sense a soluble substance.

II. That in regard to the causes of septicæmia, pyæmia, puerperal fever, erysipelas and hospital gangrene, and of cholera, smallpox, the carbuncular diseases of men and animals, typhoid and relapsing fevers, and diphtheria, there is not satisfactory proof that they are necessarily connected with minute vegetable organisms.

III. That the real nature of these causes is still uncertain.

The paper was interesting and able, winning assent to its conclusions. In the discussion following, Dr. E. M. HUNT, of New Jersey, expressed the view that these minute forms of vegetable life were rather preventive than causative of disease,—that Providence seems to make an effort to take care of filth both in and out of the body. The moment a tendency towards death appears, they come to destroy the contagion. They, like other scavengers, may be the means of conveying contagion, and should be watched and studied.

Dr. HENRY HARTSHORNE thought that too positive assertions had been made about the noxious power of these organisms. He thought there was much force in Dr. Hunt's remarks as to their conservative power, and that the whole subject deserves continued study.

Dr. GIBBONS, of San Francisco, expressed similar views, thinking that many scientific men had been captivated by ingenious theories and had gone to extents which late observations had failed to confirm.

Dr. BILLINGS, U.S.A., spoke of his experiments with Dr. Curtis upon the poison of the Texas cattle-plague, and the extreme difficulty of asserting that minute forms seen by means of the microscope were living organisms and not fragments of tissue. As to classification, he preferred to call bacteria micro-, meso-, and macro-bacteria. He called attention to the different developments which took place in minute forms apparently precisely alike at first, and the danger of formulating dogmas founded upon observation of only one stage.

The discussion was animated, and developed no opposition to the conclusions of the author of the paper. These were unanimously confirmed, and the paper recommended for publication.

A long paper, by Dr. RAWSON, of Buenos Ayres, on vital statistics of that city, was offered, and the Secretary of the Section instructed to prepare an abstract to be presented as early as convenient, after which the Section adjourned.

TUESDAY, SEPTEMBER 5.

A paper upon "Hospital Construction and Ventilation," by Dr. STEPHEN SMITH, Professor of Orthopædic Surgery in the University of New York, was read by the Secretary in the absence of the author. This was a sort of history of the subject from the time of Boer-

haave, which was interesting, but failed of proving anything novel. It was followed by conclusions somewhat dogmatically and by no means briefly stated, which the Section declined to confirm, on the ground that some were mere truisms and others were not proved. It was resolved to report to the Congress that the paper was presented and examined, and, though the conclusions are not approved, it is of much value and is recommended for publication.

Dr. BILLINGS, U.S.A., spoke of the plan proposed for constructing the hospital of the Johns Hopkins University of Baltimore, illustrating it with diagrams. In this he described and commented upon the relative merits of "aspiration" and "fan" ventilation, announcing his decided preference for the latter. He brought out an interesting point in regard to the adherence of heated air to the walls through which it was sent, citing the experiment of Prof. Henry, in which the jet from a bellows was directed against a globe, and it was found that it did not diverge at the opposite pole, but converged and reunited, showing how each current was kept by attraction to the side of the globe until it joined its fellow where they met. His remarks covered several matters in regard to hospital construction and management. He described the choice of broad, easy flights of stairs rather than lifts for carrying patients up, as less troublesome and equally good. He expressed the hope that the Johns Hopkins University would not be a school for giving a general medical education, there being enough of these in the country, but one offering the highest facilities for finishing medical studies and making original investigations.

His remarks were listened to with marked attention, and an animated discussion followed.

Dr. BOWDITCH, of Boston, advocated the use of open fireplaces, as the best ventilators.

Dr. HEWITT, of Minnesota, thought that some day large hospitals would be looked upon as the opprobrium medicinæ. Such places should be made and ventilated like small private houses. Free access of the external air is the best means, only limited to the extent required to prevent patients catching cold. Care must be exercised in regard to walls, beds, and bedding.

It seemed to be the opinion of the Section that proper atmospheric conditions can be best secured, so far as our present knowledge goes, by window-ventilation when practicable, and, when this is not, by ridge-ventilation aided by fans and some open fireplaces, and heating by hot air or water.

The paper of Dr. Rawson, presented the day before, was, upon the recommendation of the Secretary, accepted and recommended for publication.

WEDNESDAY, SEPTEMBER 6.

Dr. J. M. WOODWORTH, Supervising Surgeon-General U. S. Marine Hospital Service,

read a paper upon "The General Subject of Quarantine, with Particular Reference to Cholera and Yellow Fever," which brought out some very important facts in regard to the origin of yellow fever, and was listened to with close attention and followed by an earnest discussion. The conclusions were these:

(1) The supervision of ocean travel ought to be directed to securing good sanitary condition of vessels at all times, out of as well as in port.

This proposition was unanimously affirmed.

(2) A system of good sanitation should be adopted and administered for each country or place separately, modified in particular cases by taking into account the liability of the port to infection, the period of incubation of the disease, the length of time consumed in the voyage, and the measures enforced by the vessel *en route*.

This proposition was also affirmed.

(3) In some countries the detention of passengers and crews of ships, hailing from infected ports, is warranted, but for such time only as is necessary to complete the period of incubation of cholera or yellow fever, counting from the date of departure from an infected port or landing from an infected vessel; but in no instance should passengers or sailors be kept for observation beyond the period required for inspection and thorough disinfection and cleansing.

This proposition gave rise to an animated discussion. Dr. H. HARTSHORNE suggested the omission of all the proposition before the words "in no instance," etc., averring his belief that as yellow fever and cholera are not personally communicable, but only by fomites, there is no need to quarantine passengers or crews; careful sanitary precautions at sea and in port, with strict personal cleanliness, being all that is needed to prevent carrying the infection.

Dr. S. VANDERPOEL, of New York, ran over the various means that have been adopted in the past, and narrated his own plan in the port of New York, stating that for yellow fever he had virtually done away with quarantine in the old sense of the term. Vessels from infected ports he requires to have been five days on the voyage, or he detains them long enough to complete the time. He contrasted this way with what was done in 1856, when vessels were laid up along Bay Ridge, L. I., and detained, some of them for months, with all on board, and from them, as a mass of pest-ships, an epidemic spread on shore to nearly every family there. With regard to cholera, he referred to an instance quoted by Dr. Hartshorne, of its apparently spontaneous origin on board the steamer England, two weeks at sea, saying that the fact that the steerage passengers were shipped at Liverpool, a healthy port, was no evidence but that some came from unhealthy places and had carried the poison in their baggage, while

among such people there is almost always soiled clothing, which is usually stowed in the steerage with them. Such a bundle being opened at sea would fully account for the sudden outbreak of cholera.

Dr. KERR, of China, speaking of the usual dread of filth, said that in many cities in China, where there is no municipal government, the streets are the receptacles of offal, which lies unconfined, and yet seems not to affect very materially the health of the community. This fact he attributed to its free aeration, rendering it less noxious than if it had been confined in sewers.

Dr. E. M. HUNT advocated the detention of passengers and crews, because these might, by personal uncleanness and their clothing, be the carriers of the poison, and it would not be safe to stop only a vessel, letting its living freight go free.

The proposition was then affirmed entire.

The remaining were similarly acted upon, viz.:

(4) Recognizing the fact that the morbid causes of infectious diseases may sometimes elude the most vigilant sanitary supervision of shipping, the importance of wisely directed internal sanitary measures can scarcely be over-estimated.

(5) So far as America is concerned, it is desirable that prompt and authoritative information should be had of the shipment of passengers or goods from cholera and yellow-fever infected districts, thereby insuring the thorough disinfection of infected articles.

(6) It is believed that the endemic homes of cholera and yellow fever are the fields which give the greatest promise of satisfactory results to well-directed and energetic sanitary measures, and to this end an international sentiment should be awakened, so strong as to compel the careless and offending people to employ rational means of prevention.

The paper was commended highly, and referred to the Congress for publication.

THURSDAY, SEPTEMBER 7.

Owing to the illness of Dr. RAUCH, who was to have read a paper upon the "Disposal and Utilization of Sewage and Refuse," this was not presented, and Dr. HENRY HARTSHORNE read some hastily prepared remarks upon the subject. These were formulations of his opinion, concluding with a summarization which declared that in all plans for cities or towns there should be arrangements provided for natural surface-drainage and sewers; that sewers alone should not be depended upon; that sewers unprovided with a sufficient supply of water to transport their contents are a nuisance,—and ventilation can only mitigate, not cure, this; that conditions sufficient for sanitary security are the discharge of sewage at a considerable distance from a town into the sea or a large and rapid river, not used by many for drinking or cooking purposes; and

that earth-closets are a satisfactory sanitary means of disposing of excreta, to which the only obstacles are those of economy and convenience. The propositions were affirmed by the Section and the paper recommended to the Congress for publication.

In the discussion, Dr. KERR explained that in some parts of China there are privies provided for all houses, in which feces are discharged upon sand and removed several times a day, a plan similar to that of the earth-closet, which has been in use for centuries.

Dr. S. W. GROSS, of Philadelphia, showed a plan for ventilating sewers, proposed by Dr. Ellwood Wilson, of Philadelphia. This consisted in having tubes communicating with them carried up the sides of houses, opening above the roofs, and having about midway a small gas-jet burning, thus securing a constant upward current.

Dr. E. R. SQUIBB, of Brooklyn, read a paper upon a "Universal Pharmacopœia," which he deems at present impracticable. His idea was not to oppose it, but to present some facts which its advocates seem to have overlooked or under-estimated. The paper was referred to the Congress for publication.

Dr. E. M. HUNT, of New Jersey, read a paper upon pharmacy, concluding that the matter needs more care in regard to dispensing medicines, and more thorough supervision within the limits of the profession. The conclusions were endorsed, and the paper referred to the Congress for publication, after which the Section adjourned.

SECTION ON OTOTOLOGY.

FIRST DAY.

This Section was organized by the election of Dr. C. J. BLAKE, of Boston, chairman, and Dr. H. N. SPENCER, of St. Louis, Secretary.

The paper upon the "Importance of Treatment of Aural Diseases in their Early Stages, especially when Arising from the Exanthemata," being in order, was then read by the reporter for that subject, Dr. A. H. BUCK, of New York City.

After an interesting discussion, the following conclusions of the reporter were adopted by the Section, and the entire paper was recommended for publication.

1st. Chronic otorrhœa is, at the present time, a very common disease, due in most cases to the want of proper treatment during the acute stage of the affection.

2d. It is by no means a harmless affection.

3d. It may be fairly classed as a preventable disease, at least among those who possess a healthy constitution.

4th. Paracentesis of the membrana tympani, if resorted to during the first few days of the acute attack, and if not carried out too timidly, *i.e.*, if a free incision be made and not a mere

prick, is almost a sure preventive of the subsequent chronic disease.

5th. The profession at large, and especially the medical schools, should give the subject more earnest thought than they have in the past.

SECOND DAY.

The order of the day was the reading of the paper entitled "What is the Best Means of Testing the Hearing?" by CHARLES H. BURNETT, M.D., Aural Surgeon to the Presbyterian Hospital in Philadelphia.

This paper was considered under three divisions:

1st. Character of the ordinary test means, viz., the watch, tuning-fork, and speech.

2d. Deficiencies and discrepancies in the hearing-power, under which was considered the question, Can disease be diagnosed by the manner in which an ear hears certain tests?

3d. Manner of testing. (a) Importance of isolation of the better ear. (b) Consideration of what is needed in any form of test; how well the demands of any test are met by the watch, tuning-fork, or speech. Conclusion favorable to latter.

The conclusions drawn by Dr. Burnett in favor of speech as a test were adopted by the Section, and the paper recommended for publication.

THIRD DAY.

The third paper, entitled "In what Percentage of Cases do Artificial Drum-Membranes prove of Practical Advantage?" by Dr. H. N. SPENCER, of St. Louis, being in order, was read, and gave rise to a most interesting discussion.

Dr. Spencer considered his subject in the following way:

1st. After reviewing the history of the artificial drum-membrane, there are considered, (a) the condition of the ear admitting of its use, (b) contra-indicating conditions.

2d. The forms of artificial drum-membranes, under which a preference was given to Yearsley's cotton-wool.

3d. The offices performed, functional and therapeutical.

4th. When the conditions are the most favorable, it will be claimed that the cases are the fewest in number where the artificial drum-membrane will be worn, whether the reasons be objective or subjective.

The conclusions drawn by the reporter were unanimously adopted by the Section, and the paper recommended for publication.

After the conclusion of the above paper, Dr. JONES, of Chicago, read a volunteer paper on a modification of the method of treating chronic non-suppurative catarrh of the middle ear.

FOURTH DAY.

The first order of the day was the reading of the fourth paper of the programme, "What is the Best Mode of Determining the Hearing of School-Children, and how should Partially

Deaf Children be Instructed: in Mixed Classes, with Those who Hear well, or in Separate Classes, where due Allowance will be made for their Defective Hearing?" Reporter, CLARENCE J. BLAKE, M.D., Instructor in Otolology in Harvard University. After a careful narration of facts and personal experience pertaining to this question, the writer said,—

The conclusions to be drawn from a study of this subject may be summed up as follows:

1. The frequency of partial deafness in children during the period of school life renders it advisable to make some definite provision in our public school system for compensatory instruction.

2. Since partial deafness is a comparative term, some provision should be made for a proper determination of the degree of disability.

3. That this is best accomplished either by establishing a series of speech-tests to be used by the teachers, or by instituting competent medical examination at the hands of a medical supervisor of schools, the creation of such an office in connection with our public school system being strongly urged.

4. Partially deaf children, whose hearing is not so defective as to require special instruction in articulation and lip-reading, are better taught in mixed classes with those who hear well, compensatory advantages being allowed them according to their degree of disability.

5. Partially deaf children, whose hearing is so defective as to interfere with the natural acquirement of articulation and to render the ear of little or no value as a medium of instruction, should be accorded the advantages of special instruction, of which instruction in articulation and lip-reading should form a part.

The conclusions were adopted, and the paper recommended for publication.

FIFTH DAY.

The Section met at the usual hour in the afternoon, and listened first to the reading of a paper entitled "Aural Vertigo, with Variable Hearing," by Dr. CHARLES H. BURNETT, Aural Surgeon to the Presbyterian Hospital in Philadelphia.

The point urged by the writer of this paper was that many cases of aural vertigo have been falsely diagnosed as Ménière's disease or disease of the semicircular canals, in which latter the prominent symptoms are tinnitus, vertigo, nausea, and vomiting, with sudden and permanent deafness.

There are, however, cases met now and then in which all the above symptoms are present, excepting the permanent deafness. The affection of the hearing which is found in them either very gradually disappears, or it may come and go with the paroxysm, as in the case narrated in Dr. Burnett's paper.

When the deafness is not permanent, *i.e.*, when it gradually disappears with the cessa-

tion of the paroxysms of dizziness, or when it comes and goes with each attack of vertigo, the writer of the paper was disposed to locate the cause of the aural vertigo in the tympanum and not in the labyrinth. If it were in the latter, we should have a true Ménière's disease, and the deafness might be expected to be permanent; but as the deafness is not permanent, it would seem that its cause must be sought for in the tympanum, and most probably in a spasmodic affection of the tympanic muscles.

The second paper was by Dr. L. TURNBULL, of Philadelphia, on the "Education of the Deaf-Mute," in which he agreed in the main with the report on the kindred subject by Dr. C. J. Blake, of Boston, on the fourth day of the meetings of the Section.

After the termination of the second paper, an interesting discussion ensued upon the effects on the ear of cold bathing, especially cold plunging.

The chief questions were, Are the bad effects brought about by sudden inhalations of cold water which is thus forced into the middle ear? or, Is the inflammation so often aroused in the ear after the cold bath due to the entrance of cold water into the external auditory canal?

The opinion seemed to prevail that it might occur either way, but the majority seemed to think it usually occurred in the way suggested in the first question.

The Section, after passing a vote of thanks to its officers, adjourned *sine die*.

SECTION ON DERMATOLOGY AND SYPHILOLOGY.

MONDAY, SEPTEMBER 4.

The paper of the day was entitled "Variations in Type and in Prevalence of Diseases of the Skin in Different Countries of Equal Civilization." Reporter, JAMES C. WHITE, M.D., Professor of Dermatology in Harvard University.

Prof. White's paper was based upon statistics derived from the reports of European and American dermatologists, and embracing fifty thousand cases from abroad and twelve thousand observed in this country. As a result of the examination and comparison of these statistics the reporter deduced certain conclusions, expressed in a series of propositions, as follows:

1st. Certain obscure affections, the etiology of which is little if at all understood, even in those parts of Europe to which they are mostly confined, may be regarded as practically non-existent among us; of such are prurigo, pellagra, and lichen exudativus ruber.

2d. Certain diseases directly connected with and dependent upon poverty and habits of personal uncleanness are less prevalent in

the United States than in those parts of Europe of which we have sufficient statistical information for comparison. Examples of this class are the animal parasitic affections especially.

3d. Some cutaneous affections of grave character, which are dependent upon or a part of serious constitutional disorders, are of less frequent occurrence and of milder type among us than in Europe in general, or those parts of it where they are endemic. Lupus, the syphilodermata, and leprosy are the most marked instances of this class.

4th. Certain disorders of the skin, especially those of its glandular systems and those connected more immediately with its nervous system, are apparently more prevalent with us than in Europe. The most notable examples of the former are seborrhœa, acne, and possibly the heat rashes; of the latter, herpes, urticaria, and pruritus.

Considerable discussion ensued regarding the various propositions brought forward by the reporter. In regard to the use, by Prof. White, of the term morphœa, and the relations which are borne by this disease to the affections known as Addison's keloid, linear atrophy, and scleroderma, various opinions were expressed by Drs. Bulkley and Duhring, and Prof. White. The conclusion finally being reached that the term morphœa had been used in the sense generally understood by American dermatologists.

The reporter's propositions were then taken up one by one, and, after some interchange of opinion on the part of various members of the Section, were passed, the sense of the Section regarding the third proposition being understood to be that lupus vulgaris is of a milder type and less prevalent in this country than in Europe; that leprosy is not sufficiently known to warrant an expression of opinion; and that upon the subject of the syphilodermata the Section differ from the reporter.

Dr. BULKLEY, of New York, offered the following additional proposition, which was adopted by the Section:

The type of certain acute congestive and nervous diseases of the skin is more severe in this country than abroad.

The chairman called attention to a paper entitled "Verrugas, a Disease peculiar to Peru," by Dr. WARD, of Lima, which had been sent to be read before the Section. On motion, the paper was referred to a committee. Adjourned.

TUESDAY, SEPTEMBER 5.

The paper of the day, entitled "Are Eczema and Psoriasis Local Diseases, or are they Manifestations of Constitutional Disorders?" reporter, LUCIUS DUNCAN BULKLEY, M.D., of New York, was read. The propositions brought forward by Dr. Bulkley at the conclusion of his paper aroused much opposition, and a prolonged debate ensued, which was participated in by Prof. White, Drs. Duhring, Bulkley,

Taylor, Keyes, Heitzmann, and others. The discussion ended in the partial modification of some of the propositions put forth by the reporter, which were finally passed by the Section in the following form:

1st. Eczema and psoriasis are diseases *sui generis*, and are not to be confounded in any way with other states; as the former with artificial dermatitis, and the latter with the eruptions of syphilis, scaly eczema, or leprosy.

2d. Eczema and psoriasis cannot own a double, independent causation, or nature, at one time local and at another constitutional; but with other diseases they may have a two-fold cause, namely, a predisposing and an exciting.

3d. Eczema and psoriasis in many of their features resemble the accepted constitutional diseases more than those recognized as local.

4th. Local causes play an important part in the etiology of eczema; they are probably inoperative in psoriasis.

5th. Certain relationships between psoriasis and epithelioma have been claimed which require much further investigation; at present they are not established, and are no proof of the local nature of psoriasis.

6th. No direct causal connection has yet been demonstrated between the scrofulous state and eczema and psoriasis.

7th. Local treatment is often insufficient, alone, to remove the lesions of eczema and psoriasis, and cannot prevent or delay relapses.

8th. The success of local treatment in eczema and psoriasis does not demonstrate the local nature of these affections.

9th. Constitutional treatment, alone and singly, can cure many cases of eczema and psoriasis, and prevent or delay relapses in a certain proportion of cases; under constitutional treatment it is intended to signify every agency not properly placed among local measures.

10th. The total weight of argument is, that eczema and psoriasis are both manifestations of constitutional disorders, and not local diseases of the skin.

Prof. RUDNEW, of St. Petersburg, then read a paper entitled "What is the Disease known as Lupus?" Adjourned.

WEDNESDAY, SEPTEMBER 6.

The paper of the day, entitled "The Virus of Venereal Sores; its Unity or Duality," reporter, FREEMAN J. BUMSTEAD, M.D., late Professor of Venereal Diseases at College of Physicians and Surgeons, New York, was read.

The following propositions were submitted by the reporter:

1. The virus of venereal sores is dual.

2. Venereal sores may be due to the inoculation of the syphilitic virus, and also to the inoculation of the products of simple inflammation.

3. These two poisons may be inoculated simultaneously.

The second proposition aroused a lively debate between Messrs. Bumstead, Taylor, Keyes, and Bulkley. At the suggestion of the chairman, the proposition was divided into two sections. The first of these was passed without discussion, but as to the second, all that portion of the original proposition which follows the word "virus" was, after a long debate, rejected by the Section. In connection with Dr. Bumstead's second proposition, Dr. Bulkley offered the following proposition, which was adopted by the Section:

The present state of science has demonstrated that suppurative inflammatory lesions resembling chancroids may be produced on different portions of the body by inoculation with simple pus from various lesions.

A paper by Dr. DRYSDALE, of London, bearing the same title as that of Dr. Bumstead, was then presented by the Secretary, and on motion was accepted by title. The Secretary read a paper entitled "Leprosy in the Sandwich Islands," by Dr. H. ENDERS, Government physician.

Dr. HEITZMANN, of New York, read a paper entitled "The Treatment of Seborrhœa." A discussion upon the subject of this paper ensued, in which various members of the Section gave their experience in the treatment of the affaction under consideration. Adjourned.

THURSDAY, SEPTEMBER 7.

The paper of the day was entitled "The Treatment of Syphilis, with Special Reference to the Constitutional Remedies appropriate to its various Stages, the Duration of their Use, and the Question of their Continuous or Intermittent Employment." Reporter, E. L. KEYES, M.D., Adjunct Professor of Surgery and Professor of Dermatology in Bellevue Hospital Medical College, New York.

The propositions presented by the reporter were as follows:

Negative conclusions,—views for which there would seem to be no foundation in fact.

1. Syphilis commencing mildly needs but little treatment, and does not require mercury.

2. Mercury given internally is necessarily debilitating.

3. Mercury is only useful in secondary syphilis.

4. Iodide of potassium is of considerable value in secondary syphilis.

5. Iodide of potassium is of no value unless preceded by the use of mercury.

6. Iodide of potassium acts by liberating mercury which has been lying latent.

These propositions were adopted by the Section without debate.

The following positive conclusions, or propositions which in the present state of our knowledge may be affirmed, were then enun-

ciated by the reporter, and laid before the Section for discussion:

1. Mercury is an antidote to the syphilitic poison, and of service in controlling all its symptoms in all, even the latest, stages of the disease; its power over gummata being least, and not to be relied upon.

2. Mercury in minute doses is a tonic.

3. Iodide cures certain symptoms of syphilis, but does not prevent relapses.

4. Mercury long continued, uninterruptedly, so far as practicable, in small doses, from the time of earliest eruption, constitutes the best treatment of syphilis.

These propositions gave rise to much debate, the discussion for the most part turning on the question of the continuous or interrupted methods of treatment. It was finally conceded that the statement was of a scientific nature, and suggested the object to be aimed at rather than that which is generally obtainable.

Dr. DRYSDALE's paper, bearing a title similar to that of Dr. Keyes's, was, on motion, accepted by title.

The paper by Dr. WARD, of Lima, entitled "Verrugas, a Disease peculiar to Peru," which had been presented to the Section by Dr. W. S. W. RUSCHENBERGER, U.S.N., was, on recommendation of the committee appointed to examine it, accepted by title. Adjourned.

FRIDAY, SEPTEMBER 8.

The paper of the day, by Dr. ENGLESTED, of Copenhagen, was entitled "Measures to prevent the Propagation of Venereal Diseases in Denmark."

Some discussion on the subjects suggested by the paper ensued, after which the following preamble and resolutions were proposed by Dr. Bulkley and adopted by the Section:

"Whereas, after an interesting and valuable paper, by Dr. Englested, of Copenhagen, in regard to the prevention of venereal diseases in Denmark, in which the laws which have been in successful operation there are given in full with statistics, showing very favorable results;

"Whereas, at recent meetings of the American Medical Association, Dr. Gross and Dr. Sims have advocated measures in reference to their control; therefore

"Resolved, That this Section do recommend that the International Medical Congress convened at Philadelphia, September 4-9, 1876, do appoint a committee to consider the subject more fully, to collect statistics and data, and to report through the medical press, with a view to influence laws which shall have the aim of diminishing and rendering less severe venereal diseases throughout the world."*

Adjourned *sine die*.

* These resolutions were presented to the Congress at its last session, but failed of acceptance.

BIOLOGICAL SECTION.

Reported by Dr. JOHN GUITÉRAS.

MONDAY, SEPTEMBER 4.

In the absence of Prof. DALTON, of New York, the chair was filled by Dr. CHAILLÉ, of New Orleans.

The reporter for the day, CHRISTOPHER JOHNSTON, M.D., Professor of Surgery in the University of Maryland, read the paper on the "Microscopy of the Blood."

The paper contained no new scientific discovery, but gave a very exhaustive analysis of the subject.

He considered first, in a general manner, the elements of the blood, the blood plasma, and the corpuscular elements. He reviewed the opinions of His, Kölliker, and others, as to their genesis, quoting a summary from Flint. He also studied the transformations of the red blood-disks, and the different forms found in the animal series.

The color of the red corpuscle he considered as a shade of crimson, for he believed that yellow- or green-tinted bodies could not give the peculiar red color when in large numbers.

He did not admit the existence of a cell-wall for the red corpuscles.

A summary from Rollet was then given, about the genesis of leucocytes, and its connection with the lymph-current was demonstrated. Considering their number, the author spoke of the physiological alterations, but did not refer to those found in the so-called lymphatic diathesis. On the other hand, he mentioned Cornil's discovery of a large amount of leucocytes in the blood from the spleen of typhoid-fever patients. He also mentioned the reduction of the corpuscular element in syphilis, and its increase under the use of mercury and iodide of potassium.

The movements of the leucocytes were then studied, and their connection with inflammation. Also, the different names and functions belonging to them, dependent more upon their surroundings than upon any structural differences: if fixed within the tissues, becoming connective-tissue corpuscles; if upon the surfaces, epithelium; and if floating, pus- or mucus-corpuscles.

He advised the use of high powers, and passed to consider the medico-legal aspects of the question. This portion of the report consisted mainly of an examination of the papers of Woodward, Gulliver, and Richardson. This question at present rests principally on the relative sizes of the human red corpuscles and those of some of the domestic animals; though the author suggested the probability of unrecognized differences of form and cachet between these corpuscles.

He believed that the variations of sizes in the same animal were an obstacle to the legal value of these investigations. He quoted at length the measurements given by different authors.

The object of the paper was to deny the possibility of distinguishing human blood from that of certain animals which resembles it some. Among these are some of the domestic animals frequently used to thwart the ends of justice. He thought that Dr. Richardson, the advocate of this process for the discrimination of blood-stains, had taken too strong a ground when upon the witness-stand, but had receded somewhat in his answer to Dr. Woodward's paper.

Dr. J. G. RICHARDSON, of Philadelphia, said that he had been misrepresented by the reporter of the trial. He had only stated that those corpuscles corresponded with those of the human blood, not that they were. At first the attempts were confined to discriminating human blood from that of the lower animals, as was done by Prof. Leidy, of this city; but better methods of investigation now justified closer distinctions, as between the blood of man and that of the musk-deer and the goat, and even the ox, pig, horse, or cat. The evidence of a trial often narrowed the question down to the blood of two animals, and it was only under these circumstances that he was able to arrive at definite conclusions. If the prisoner contends that the blood-stain in evidence is from an ox, sheep, or pig, I am able to deny it if the corpuscles correspond in dimension with the human corpuscles.

Dr. JOHNSTON believed that the law required a positive recognition, an affirmation that the blood was human. It might be that of a guinea-pig or a dog. Dr. Woodward had shown him some of his photographs of red blood-disks, and both Dr. J. and Dr. W. had made mistakes when trying to distinguish the different specimens.

Dr. DIDAMAN, of Syracuse, New York, denied the absolute necessity of identifying the human blood. It is sufficient that the microscopist prove the untruthfulness of the prisoner. He asked Dr. J. if he found the disks of a certain size, would he not be able to say that it was not the blood of a pig, supposing the prisoner had sworn to this effect?

Dr. JOHNSTON said that he could not swear that way, on account of the variations in size.

Dr. DIDAMAN quoted a remark of Dr. Richardson, from the trial, where he stated that the corpuscles found in the specimen were of such size that they could not have passed through the capillaries of the sheep. Did Dr. J. think they could?

Dr. JOHNSTON mentioned the great elasticity of capillaries and corpuscles.

Prof. JAMES TYSON, of Philadelphia, thought that all agreed as to the scientific facts; but that these were sufficient to satisfy some minds, and not others. He would have said that the blood in question was more likely to be that of the sheep than that of man.

Dr. CHAILLÉ, of New Orleans, thought that a relative differentiation was sufficient. He stated that Dr. Richardson had twice been

able to distinguish between three specimens of blood. He wanted to know whether Dr. J. had ever tried the test. Dr. Johnston answered that he had only tried it with Dr. Woodward's photographs, and had failed.

A resolution of Dr. Didaman, supporting the legal value of these investigations, elicited from Profs. L. S. Jaynes, of Richmond, and Johnston questions in regard to the condition of the blood under consideration. And they discussed the changes and shrinkage of corpuscles after drying. Dr. RICHARDSON stated the shrinkage to be from eight to ten per cent. Dr. TYSON had once found, much to his surprise, the corpuscles to have enlarged beyond their normal size after soaking.

Dr. JAYNES opposed the resolution, as establishing a dangerous precedent. It was then withdrawn, and the paper sent to the Congress with a recommendation that it be published, but leaving the question at issue still *sub judice*.

TUESDAY, SEPTEMBER 5.

Prof. DALTON, of New York, in the chair.

Dr. AUSTIN FLINT, Jr., Professor of Physiology in the Bellevue Hospital Medical College, New York, read a paper on "The Excretory Function of the Liver."

Dr. FLINT had made no new observations upon the subject, but wanted to bring the matter before the Congress for confirmation, as he did not think it had received the attention that the importance of the subject demanded. He related his well-known experiments which resulted in the discovery of the new principle which he called *stercorine*. This presents itself as a non-saponifiable, gummy substance, crystallizing in needles, split at the points, like Robin's seroline.

Stercorine is an excrementitious substance found in the fæces, and resulting from the transformation of the cholesterine of the bile during digestion.

He reviewed the literature of the subject since the publication of his paper. It seemed to consist mainly of investigations into the relative toxic properties of the elements of bile. He thought they had determined cholesterine to be the noxious matter retained in the blood in cases of toxæmia from hepatic disorders.

In the bile there are two important elements, representing two different functions. First, the salts of soda. They belong to the function of nutrition. They are manufactured in the liver, do not accumulate in the blood, and constitute a secretion. Second, cholesterine, a substance resulting from the retrograde metamorphosis of some of the tissues, particularly the nervous, and carried in the blood to the liver, where it is excreted with the bile. If this excretory function is interfered with, we have toxæmia.

If digestion is disturbed, cholesterine is not converted into stercorine, and is found in the fæces. Destruction of the substance of the

liver, when sufficiently extensive, causes cholesteræmia, with or without jaundice.

Prof. DALTON reviewed the history of cholesterine up to the time when it was assigned to its proper place by Flint. At one time, the interior of the red corpuscles was said by some to consist of this substance. The subject is not yet exhausted. Cholesterine is found in some articles of food, and in this manner also finds its way into the system. He thought that we were apt to misrepresent the nature of an excrementitious product; that we called it poison, and the result of a destructive process, when it really plays a very important part in nutrition, and as essential as death is to life.

To a question, Dr. Flint answered that he had never found cholesterine in the urine.

Prof. HARRISON ALLEN, of Philadelphia, called attention to the experiment mentioned by Dr. Flint in support of the source of cholesterine from the nervous centres, viz., that in old cases of hemiplegia there is no cholesterine in blood taken from the paralyzed arm, while it is found in the sound side. It should be remembered that the cerebral lesion is upon the opposite side to the paralysis. Whatever the deductions might be, he was surprised to find such difference, when the extensive anastomosis of the cerebral arteries is remembered.

Prof. FLINT acknowledged the force of the argument, but stated that these experiments were so few and so imperfect that he had not attached much importance to them.

The Section unanimously resolved to accept the conclusions advanced in the paper, and recommend it to the Congress for publication in the Transactions.

WEDNESDAY, SEPTEMBER 6.

Prof. DALTON in the chair.

J. W. S. ARNOLD, M.D., Professor of Physiology in the University of the City of New York, who was to read a report on the pathological histology of cancer, was absent.

Dr. RUDNEW, Professor of Pathological Anatomy in St. Petersburg, read a paper on the terminations of nerves in the bronchi and lungs. It consisted of conclusions arrived at by Prof. Zavarikine and his pupils. They seem to prove the intimate relation of nerve terminations with the epithelial cells. The paper was referred to the Congress for publication.

Dr. J. G. RICHARDSON, of Philadelphia, read a paper on the prevention of fungoid growths in solutions for hypodermic use.

He had made some experiments with salicylic acid, and found that a solution of one-sixteenth gr. of the acid to $\frac{f\text{3j}}$ of morphia solution presented some fungi. One of the specimens, containing one-eighth gr. of the acid, presented a trace of fungoid growth; but a one-fourth gr. solution was perfectly clear. He

suggested the following formula for general use:

Morphiæ acetat. vel sulphat., gr. xvj;
Acid. acetici, gtt. v;
Acid. salicyl., gr. jss;
Aquæ dest., f3j.

Dr. R. answered to Prof. Dalton, that he had found no abscesses resulting from the use of such solution.

Prof. DALTON discussed at length the question of fungi in decomposing vegetable infusions. He admitted the possibility of fungi from hypodermic solutions developing in the tissues and causing abscess; though it did not seem to be a frequent occurrence.

The paper was also referred to the Congress for publication.

THURSDAY, SEPTEMBER 7.

Prof. DALTON in the chair.

"The Mechanism of Joints." Reporter, HARRISON ALLEN, M.D., Professor of Comparative Anatomy in the University of Pennsylvania.

Starting with the idea that the ball and socket is the predominant arrangement with joints, and given the intervertebral substance as a type of this articulation, he passed on to consider the different modifications dependent upon different functions. When the ball is supported by the socket, as at the occipito-atloid articulation, *rest* is suggested. When the ball is suspended from the socket, as at the temporo-maxillary articulation, *motion* is suggested. The number of muscles connected with the latter, and their almost complete absence from the former, confirm this view.

He divided the articular surfaces into the *axial*, *actinic*, and *lateral*; e.g., the outer femoral condyle is *axial*, since it is placed in the line of the longitudinal axis of the femur; the internal condyle is *actinic*, since the line of its axis may be said to be deflected from the longitudinal axis; *lateral* facets are found between the metatarsal bones.

Some joints are complicated. In the knee, for instance, the femur presents an outer facet which is of static value, and an inner facet of dynamic value. When the leg is extended, the position of rest, the outer condyle is active, and everything in the structure of the bone is arranged to transmit the weight of the body from the outer condyle to the tibia. During flexion the inner condyle is active, and rides out from a concavity in the tibia on to a convex surface. Forces exerted upon joints in directions foreign to their usual functions are the cause of dislocation; e.g., the calcareo-astragaloid articulation is static, and in the static position of the limb no luxation can take place when the forces are applied in the direction of the axis. Dislocations occur in the condition of flexion or extension of the foot.

He observed that joints are fixed or locked at extremes of flexion and extension, and are most relaxed at the intervals; also, that when

a facet is actively employed it enters into a combination with which the entire limb is in harmony.

Profs. Dalton and Burt G. Wilder, of Cornell University, discussed and eulogized the paper, which was referred to the Congress for publication.

FRIDAY, SEPTEMBER 8.

A paper on the metrical system of weights and measures was read by Dr. E. R. SQUIBB, of Brooklyn; and another upon medical missions, by Dr. J. G. KERR, of China. This paper contained some interesting scientific points, together with some other matters not quite so universal in their application. The Section recommended the paper for publication after the elimination of these parts.

Thus its labors were concluded, and it adjourned *sine die*.

SECTION ON OPHTHALMOLOGY.

FIRST DAY.

BRUDENELL CARTER, of London, Chairman of the Section. Dr. GREEN, of St. Louis, Secretary.

The first day's proceedings were opened by the reading of a paper on "The Comparative Value of Caustics and Astringents in the Treatment of Conjunctival Diseases," by HENRY W. WILLIAMS, M.D., of Boston.

The reporter stated that he had addressed his paper rather to the general practitioner than to ophthalmic surgeons, and proceeded to give a very interesting and instructive address on the treatment of conjunctival disease. The results as attained by his treatment of these affections lead him to the following conclusions:

First. In a considerable number of essentially transient affections of the conjunctiva, and in pterygium or other growths, no active treatment by caustics or astringents is required.

Second. Where disease affects only a limited portion of the conjunctiva, as in phlyctenular inflammation, only the mildest stimulating or astringent remedies are required.

Third. In the acute and chronic forms of general conjunctivitis, astringents are, as a rule, safer as well as more efficacious than caustics, and therefore better adapted to the requirements of the general practitioner.

Dr. AGNEW, of New York, described a supposed case of ophthalmia neonatorum,—the worst possible case,—and desired the reporter to tell the Section precisely how he would treat it, omitting none of the minutæ of his method.

Dr. WILLIAMS, of Cincinnati, said he disagreed in many points with the paper presented. His practice regarding the use of caustics had differed widely from the views stated by the reporter, especially in the treatment of the prevalent ophthalmia of infants.

He placed the child's head between his knees, and, everting the lids, after cleansing, wiped them with solution of nitrate of silver, gr. x ad f $\frac{3}{4}$ i, and instilled solution of atropia; and, except in diphtheritic cases, they were very soon well. He regarded the use of the syringe in applying lotions between the lids as dangerous to the nurse from the recoil; a pipette was safer.

Dr. REYNOLDS, of Louisville, thought different cases presented different constitutional indications for treatment, which should be carefully considered. He had adopted the caustic treatment.

Dr. RISLEY, of Philadelphia, had not felt justified in relying upon the, to him, very mild measures advised by the reporter, in a disease so rapidly dangerous as the one under discussion. He had relied upon the mitigated stick of nitrate of silver, thirty-three and a third per cent., and a twenty per cent. solution of carbolic acid in glycerin, using them with equal confidence. The lids being thoroughly everted, so that the swollen retro-tarsal fold should be well in view, the stick was drawn lightly over the entire tarsal conjunctiva, and the excess neutralized by solution of common salt, before allowing the lids to come in contact with the cornea. The carbolic acid solutions seemed to be equally efficacious, and had the advantage of causing less pain than the nitrate of silver.

Dr. HARLAN, of Philadelphia, had relied upon solutions of silver, not stronger than gr. x ad f $\frac{3}{4}$ i; and the tendency was to make the solutions weaker rather than stronger. He had not found the silver a painful application, as the child which had before been fretful soon went to sleep after the treatment.

Dr. POOLEY, of New York, had usually used the crayon of copper in chronic forms of conjunctival disease, and solutions of silver in acute forms.

Dr. THOMPSON, of Philadelphia, said that his experience was uniformly in favor of the use of silver in ophthalmia of new-born children. He used very weak solutions, dropping them, the eye being thoroughly cleansed, into the conjunctival sac every one, two, or three hours, according to the severity of the case, with satisfactory results.

Dr. STRAWBRIDGE was struck by the diametrically opposed methods of treatment proposed by Dr. Williams of Boston and Dr. Williams of Cincinnati. He thought the mild treatment very good, if it could be carried out.

Dr. AGNEW, of New York, at the outset of the disease, prescribed a solution of common salt. If, five hours later, there was change for the worse, he applied to the retro-tarsal fold a ten-grain solution of silver nitrate, and simple ointment to the edge of the lids. He anticipated corneal perforation by paracentesis. He asked Dr. W. for a detailed description of his manner of treating gonorrhœal ophthalmia. In these cases the eye was

usually destroyed within thirty-six hours; if saved up to that time, they will get well. In these rapid cases it will not do to depend upon mild measures; he gave morphia to relieve the pain, cut the external canthus, and favored the subsequent bleeding by hot water. Later, he everted the lids, and wiped them with a ten-grain solution of nitrate of silver. He regarded dry cold an excellent adjuvant to the treatment.

Dr. JONES, of Chicago, asked the experience of the Section in cutting the external canthus in other conjunctival and corneal affections. He favored the simple cutting as being quite as effectual as the so-called canthoplasty, as the good which resulted probably depended upon the bleeding.

Dr. GREEN, of St. Louis, thought it important that a proper estimate should be placed upon the gravity of the disease. From the discussion, it might be inferred that all cases should get well without serious consequences, yet in his experience there were a certain number of cases which do badly. It is important that in a medico-legal aspect its gravity should not be expressed too lightly on the authority of this body.

The Chairman, Mr. CARTER, of London, said that in London they prided themselves that their students were taught to treat their patients rather than disease. He thought the difference of opinion expressed by the reporter and in the foregoing discussion was more apparent than real; and he hoped Dr. Williams, of Boston, would so modify his conclusions that the Section could adopt them as an expression of their views. Individually, his reliance was upon weak solutions of nitrate of silver in the treatment of the ophthalmia of new-born children. He thought the anointing of the lids important, as it prevented the gluing of the lids together, by which the discharge of the purulent matter was prevented and the cornea endangered. Regarding the point raised by Dr. Green, he had usually taught that this form of disease was not dangerous when seen early. He had listened with interest to the suggestion for cutting the external canthus to relieve pressure in gonorrhœal ophthalmia. He would try it in his future practice, and hoped it might be instrumental in lowering the percentage of loss in these cases.

Dr. WILLIAMS, in reply, reiterated his statement that his paper had been directed to the general practitioner. There were circumstances which demanded more active means than those he had dwelt upon, but his conclusions sufficiently expressed these conditions. His conclusions were finally accepted after slight modification.

SECOND DAY.

"Tumors of the Optic Nerve." Reporter, Dr. H. KNAPP, of New York.

Dr. KNAPP's paper was based upon fifteen

cases of tumor of the optic nerve, twelve of which were compiled from other sources, the remaining three occurring in his own experience: two in his own practice, the other in the practice of Dr. E. Grüning, who had the opportunity of observing it throughout its course.

Based upon the study of these fifteen cases, seven pathological species were observed: (1) Myxoma in five cases. (2) Fibro-myxomatodes in two cases. (3) Sarcoma-myxomatodes in one case. (4) Glioma-myxomatodes in one case. (5) Fibro-sarcoma in one case. (6) Psammoma (perhaps alveolar sarcoma or carcinoma) in one case (Neuman). (7) Scirrhus cancer in two cases. (8) Secondary cancer, following primary cancer of the ovaries, in one case.

Of the first four species, twelve of the cases, or eighty per cent., consisted of pure mucoid tissue; five cases, or thirty-three per cent., had an admixture of mucoid substance to their prevalent tissue; seven cases, forty-seven per cent. In eleven of these cases the pseudoplasm originated in the inner sheath and the interfascicular connective tissue of the nerve. To these the case of scirrhus also probably belonged. Three cases, glioma-myxoma, fibro-sarcoma, and secondary cancer, may have sprung from the tissue of the subvaginal space and the inner sheath. Two cases of a carcinomatous structure originated in the outer sheath.

The prevalent symptom is exophthalmus straight forward in the direction of the orbital axis, or showing besides secondary deviations, controlled by the growth of the tumor to one or the other side. The motions of the globe are preserved, but more or less restricted, and a softish tumor is felt directly behind the globe and to greater or less degree moving with it. There is a free space between the tumor and orbital walls. Neuritis descendens is a constant symptom in the early stages of the affection, to be followed later by atrophy; vision more or less impaired, and field restricted when the growth originated in the inner sheath and perineurium internum. But when the growth springs from the outer sheath, vision is less impaired, and the field not limited. There was persistent pain in the case of cancer. In the other cases there was no pain except when the ball was inflamed. In Grüning's case of myxoma intense pain came on after the protrusion of the ball had lasted four years without pain. All the cases show a slow but constant increase in the size of the tumor. The longest period observed was fifteen years. The ultimate spontaneous issue of the disease cannot be made out from the published cases, since the tumor was in every case extirpated, ending in recovery which seemed permanent, except in one case, in which a relapse took place, the disease extending to the brain, and death resulting from meningitis in consequence of the operation.

The treatment had been extirpation of the tumor with the eyeball, until two years ago Dr. K. succeeded in removing the tumor and preserving the eyeball. Dr. Grüning did the same in another case. In both of these the wound healed by first intention. From a study of these cases Dr. K. concluded that tumors of the optic nerve were now sufficiently understood to make differential diagnosis possible; that extirpation relieves the patient from disfigurement and pain, and preserves his life; that extirpation can be effected, and the eyeball preserved, which, though blind, is better than a glass eye.

Dr. AGNEW, of New York, gave a brief *résumé* of statistics regarding the vision of school-children. They were compiled from two thousand eight hundred and fifty eyes examined in five grades of school life in Cincinnati, New York, and Brooklyn. His table showed an increase of myopia as the higher classes were reached, with a relative decrease in emmetropia and hypermetropia, thus verifying the conclusions of Cohn and Errismann.

An interesting discussion ensued, which broadened into consideration of the subject of education and manner of teaching.

Dr. WILLIAMS, of Cincinnati, spoke of the importance of more oral instruction and less memorizing from books. If the increase of myopia depended upon too continuous use of the eyes at the near point, oral instruction in the school-room would go far towards removing the difficulty. As a rule, their schools were well lighted, their books printed with good type, but they needed in their school boards intelligent men. Too often they were composed of mere politicians or ignorant men, neither of whom were fit to control their educational interests.

Dr. GREEN thought too much attention was given to the subject of lighting, the height of the seat and desk, etc., to the exclusion of more important things. The exercises of the school-room are varied, and the average child does not place any continuous strain upon his eyes at a near point, as he is continually gazing about the room, reciting, singing, etc. It was far more important to find out how the pupils pass their hours outside of the school-room, the kind of light used to study by, and how many hours are passed in novel-reading.

Dr. RISLEY spoke of the probably pernicious effects of car-reading and studying by more advanced pupils on the way to schools far removed from their homes.

Dr. AGNEW, in conclusion, remarked upon the necessity of proper hygienic surroundings, securing all the conditions which favor the process of healthy tissue-building. If he should venture to offer advice to educators as to the best manner of preventing the increase of myopia, he would say, Be thorough and slow.

THIRD DAY.

"Orbital Aneurismal Disease and Pulsating Exophthalmia; their Diagnosis and Treatment." By E. WILLIAMS, M.D., of Cincinnati.

The reporter opened with a hasty statement of the faulty diagnosis usually made in these cases, till quite recently. In the great majority of the cases reported as orbital aneurism, the disease was evidently, in the beginning at least, *extraorbital*. This was proved by the results of post-mortem examinations, of which a number were cited in more or less detail, from different writers. One case was then described from his own practice, where the diagnosis of real orbital aneurism was made, and in which a complete cure by rupture was the result, the patient recovering perfect vision. Another case was briefly stated where he made the same diagnosis, and where the cure was completed by compression. A third case was related, and the patient presented for examination by the Section, of traumatic exophthalmus, where intra-orbital aneurism at the extreme apex of the orbit was presumed to exist. After summing up the reasons for the now general opinion that intra-orbital aneurism is indeed very rare, he gave a numerical statement of the symptoms which seem to justify the diagnosis of true orbital aneurism.

1. If traumatic in origin, the *nature of the injury*. If by direct penetration of the orbit, the ophthalmic artery may have been wounded by the offending body.

2. If the injury to the head or face, though severe, was not attended by symptoms of fracture at the base of the skull, or was not of a character to make that accident presumable, in the absence of symptoms.

3. The strictly rhythmical character of the pulsations, if such exist.

4. The limitation of the bruit to the region of the eye and the orbit, if bruit is heard.

5. The strictly intermittent character of such bruit.

6. The fact that the patient himself does not hear the soufflé, or if so very slightly.

7. The less frequent occurrence of paralysis of motion or sensation, or of any symptoms indicating a disturbing cause in the cavity of the cranium.

8. The less frequent and serious impairment of vision.

9. The absence, except at an advanced period, and even then the less intensity, of the symptoms of obstruction in the ophthalmic vein, such as soft, thrilling, pulsating tumors around the eyeball and enlarged pulsating frontal veins.

10. The complete curability of the disease by compression, direct through the eye, or of the common carotid artery, or by ligature of the *one* carotid.

At the close of Dr. Williams's report, Dr. GEO. C. HARLAN, of Philadelphia, reported a case of congenital pulsating aneurismal exophthalmia, which he had had under obser-

vation eight years, recently ending in spontaneous cure; and a second case cured by intermittent pressure over the carotid artery in the neck. Mr. CARTER said the doubtful case presented by Dr. Williams reminded him of cases of extravasated blood within the orbit which had occurred in his practice.

FOURTH DAY.

"Are Progressive Myopia and Posterior Staphyloma due to hereditary predisposition, or can they be induced by defects of refraction acting through the influence of the ciliary muscle?" Reported by E. G. LORING.

The conclusions of the reporter, after a careful analysis, were, that though heredity was a potent cause in the production of myopia, it was not the sole or principal cause, and that the ciliary muscle was not alone responsible for the increase of the myopia or for the production of the *conus*.

Dr. GREEN said statistics on myopia were not reliable, owing to difficulties in the way of tracing heredity. Astigmatism, which he deemed a potent cause, was left out of consideration in all published statistics.

Dr. THOMPSON said it was important that the percentage of cases complicated with astigmatism should be taken into account. Cases of pure progressive myopia were hard to find, and he thought the astigmatism and certain changes at the nerve-entrance stood in relation of cause and effect through the agency of the ciliary muscle dragging the choroid forward.

Dr. RISLEY said he was convinced by his clinical study that the undue tension of the ciliary muscle was the ultimate cause of the choroidal changes seen in both myopic and hypermetropic eyes, and the most fruitful cause of progressive myopia; that the effects of this strain upon the ciliary muscle were most obvious where astigmatism was associated with myopia or hypermetropia. It was rare to find a case of progressive myopia without astigmatism, and he believed the tension of accommodation rendered necessary by the astigmatism to be the cause of the progression. Clinical study showed that, by careful correction of the astigmatism, the accompanying asthenopia was relieved and the progression arrested.

Dr. SHAKESPEARE remarked that he had demonstrated the possibility of unequal contraction of the ciliary muscle, and it was probable that in astigmatism this actually took place, which might account for the position of the *conus* with relation to the principal meridian of corneal refraction.

The discussion was closed by Dr. LORING developing still further the points touched upon in his paper. His conclusions were then accepted by a vote of 7 to 15, many not voting owing to the peculiar statement of the conclusion.

Dr. STEVENS read a short paper on the relation between corneal disease and refractive

anomalies, which was referred without discussion to the Publishing Committee.

FIFTH DAY.

The time of the Section was occupied in the discussion of a brief analysis of 100 cases of cataract, by Dr. REYNOLDS, of Louisville. The conclusion of the reporter not being concurred in by the Section, the paper was not referred to the Publishing Committee.

Dr. SHAKESPEARE exhibited to the Section an ophthalmometer devised by him.

Dr. RISLEY exhibited his optometer. Careful descriptions of these instruments having been already published, further mention need not be made here.

CORRESPONDENCE.

NEW YORK, September 16, 1876.

TO THE EDITOR OF THE PHILA. MEDICAL TIMES:

DEAR SIR,—It never rains but it pours, and medical New York has been suddenly roused from the dulness of the summer vacation to the occurrence of several events of more than ordinary importance. To be sure, we have had no general international congress like that which attracted so much attention at Philadelphia, but the week after the adjournment of the latter no less than three medical bodies convened here, whose sessions were attended with unusual interest.

The first of these was the International Congress of Ophthalmology, which was held at Chickering Hall, September 12, 13, and 14, and was participated in by many distinguished oculists both of America and Europe. At its first meeting the following officers were elected: President, Dr. E. F. Williams, of Cincinnati; Vice-Presidents, Dr. Carter, of London, and Dr. Hauser, of Copenhagen; and Secretary and Treasurer, Dr. C. S. Bull, of New York. Space will not permit of any detailed account of the proceedings, and it will only be possible, therefore, to mention here some of the titles and writers of the papers read before the Congress and discussed by its members.

Plastic Operations in Connection with Obstructions of the Nasal Duct, Dr. H. D. Noyes.

Coloboma of the Crystalline Lens, Dr. Heyl.

On Additional Means for Relieving the Pressure of the Eyelids in Cases of Conical Cornea, Dr. Noyes.

Chronic Optic Neuritis, Dr. A. Gowers, of London (read by Dr. Hardy).

A Case of Severe and Long-Continued Pain (in an apparently healthy eye) relieved by Iridectomy, Dr. O. D. Pomeroy.

Sympathetic Neuro-Retinitis, Dr. Althof.

Orbital Tumors, Dr. H. Knapp.

Decussation of Optic Nerves, Dr. Pooley.

Asthenopia, Dr. C. L. Agnew.

The Gymnastic System of the Treatment of Asthenopia, Dr. Dyer.

Detachment of Posterior Synechia, Dr. B. Joy Jefferies.

Two Cases of Conical Cornea, Dr. Noyes.

On Glaucoma, Dr. Bader, of London.

On the Use of the Plasma of the Red Oxide of Mercury in Diseases of the Conjunctiva, Dr. Rosebrugh, of Toronto.

The Metric System in the Use of Spectacles, Dr. Nagel.

On Conical Cornea, Dr. Bader.

On Extraction of Cataract without Rupture of the Capsule, Dr. Floriano, of Parma.

Additional Observations on the Halo around the Macula, Dr. Loring.

On the Relations of Blepharitis Ciliaris to Ametropia, Dr. Roosa.

On the Connection between Astigmatism and Staphyloma Posticum, Dr. W. Thomson.

On the Mechanism of the Ciliary Muscle, Dr. Loring.

On Sympathetic Ophthalmia, Dr. E. F. Williams.

On Embolism of the Central Retinal Artery, Dr. Kipp.

Choroido-Retinitis Maculæ Luteæ, Dr. Williams.

In the evenings, entertainments were given at the houses of Dr. Knapp and others, and on Thursday, September 14, after the Congress had adjourned, a grand dinner was given at Delmonico's, to its foreign members, by the American Ophthalmological Society.

On the morning of the 15th, most of the members of the Congress visited the institutions on Blackwell's and Ward's Islands, by invitation of the Mayor and the Commissioners of Charities and Corrections; returning in the afternoon to be present at the meeting of the International Congress of Otology, which was composed of many of the same gentlemen. Previous to the assembling of the Congress, the American Otological Society held a business meeting, and the following officers for the ensuing year were elected: President, Dr. C. J. Blake, of Boston; Vice-President, Dr. Albert H. Buck, of New York; Secretary and Treasurer, Dr. J. Orne Greene, of Boston; Committee on Publication, Dr. J. C. Blake, of Boston, Dr. J. O. Greene, of Boston, Dr. J. S. Prout, of Brooklyn; Committee on Progress of Otology, Dr. Spencer, of St. Louis, and Dr. Sexton, of New York. A vote of thanks to the retiring President, Dr. Roosa, of New York, was passed, and the Society adjourned.

The International Congress was then organized, and the following officers were elected for the next four years: President, Dr. D. B. St. John Roosa, of New York; First Vice-President, Dr. E. L. Holmes, of Chicago; Second Vice-President, Dr. A. H. Buck, of New York; Secretary and Treasurer, Dr. J. S. Prout, of Brooklyn; Corresponding and Assistant Secretary, Dr. J. C. Kipp, of Newark; Committee on Business, Dr. Burnett, of Philadelphia, Dr.

Blake, of Boston, and Dr. Jones, of Chicago. Among the papers presented were the following:

A Case of Aspergillus in the Tympanic Cavity, by C. H. Burnett, M.D., Philadelphia.
On Primary Periostitis of the Mastoid Process, by H. Knapp, M.D., New York.

Certain Modifications of the Usual Methods of Treatment of Chronic Non-Suppurative Inflammation of the Middle Ear, by S. J. Jones, M.D., Chicago.

Case of Exostosis of the External Meatus, operated on by the Dental Lathe, by A. Mathewson, M.D., Brooklyn.

A Sketch of the Early Development of the Ear, with a New Account of the Development of the Meatus Auditorius Externus, Membrana Tympani, and Middle Ear, by Dr. Hunt, of Boston.

Hyperostosis of the Mastoid, by J. Orne Greene, M.D., Boston.

The first annual meeting of the American Gynecological Society, which, it will be remembered, was organized in this city a few months ago, was held at the hall of the Academy of Medicine on September 13, 14, and 15, and exceeded in interest the most sanguine anticipations of its originators.

Of the regular Fellows of the Society, there were present Drs. Fordyce Barker, Peaslee, Emmett, Thomas, Isaac E. Taylor, Noeggerath, Lush, and Munde, of New York; Byrne and Skene, of Brooklyn; Trask, of Astoria; Richardson, Bixby, and Chadwick, of Boston; Atlee, Goodell, Drysdale, and Albert H. Smith, of Philadelphia; J. Taber Johnson, of Washington; Wilson and Howard, of Baltimore; White, of Buffalo; Parvin, of Indianapolis; Edw'd W. Jenks, of Detroit; Byford, of Chicago; Reeve, of Dayton, Ohio; Campbell, of Augusta, Ga., and Engelmann, of St. Louis. Dr. J. Marion Sims was prevented from attendance by unexpected detention in Europe, and Drs. Buckingham, of Boston, and Battey, of Rome, Ga., by illness.

A number of distinguished gentlemen, including Dr. Robert Barnes, of London, Dr. Trenhald, of Montreal, Dr. Elwood Wilson, of Philadelphia, Dr. Taliaferro, of Georgia, and Dr. Purple, President of the Academy of Medicine, were present as guests, and invited to participate in the discussions; and all the sessions were largely attended by the profession of this city.

The first paper read was by Dr. T. A. Emmett, on "Incision of the Cervix Uteri," which contained a vast amount of valuable statistical information, and showed that the author was not given to as free a use of the knife for the relief of flexions and dysmenorrhœa as formerly. It provoked one of the most interesting discussions of the meeting. Then followed papers by Dr. Alexander Skene, on "Cicatrices of the Cervix Uteri and Vagina," and Dr. E. W. Jenks, on "Viburnum Prunifolium; its Uses in the Treatment of the Diseases of

Women." Dr. Jenks has found the viburnum a most useful remedy, especially as a prophylactic against abortion; in which respect he considers it superior to opium. It has proved of the greatest service in the class of patients subject to habitual abortion. Dr. Jenks regards it both as a sedative and a tonic, and thinks it is given to the best advantage in the form of the fluid extract, made from the bark of the root. Dr. Theophilus Parvin then related a very curious case of abnormal menstruation, in which the flow took place regularly every twenty-eight days from the lower gum and lip, there being no hemorrhage whatever from the vagina.

The annual address of the President, Dr. Barker, was given on the morning of the second day of the meeting, and was followed by a most valuable and suggestive paper by Dr. Barnes, of London, on "Some of the Relations of Pregnancy to General Pathology," to which no brief abstract could do justice. Dr. Thomas then read a report of a case of abdominal pregnancy treated by gastrotomy, which resulted in the complete recovery of the mother. This is the fourth time that Professor Thomas has operated in cases of extra-uterine fecundation, and the result has been successful in each instance. One of the most important papers presented was that by Dr. W. H. Byford, on "Spontaneous and Artificial Disintegration of Fibrous Tumors of the Uterus," in which he first narrated cases in which the process was carried on by nature, and then showed how he was in the habit of imitating this by the administration of ergot. He usually gives the fluid extract (Squibb's) by the mouth, and has met with the most complete success in all cases where the method was applicable. He was followed by Dr. H. F. Campbell, who read a paper on "Pneumatic Self-Replacement in Dislocations of the Gravid and Non-Gravid Uterus," in which he recommended the knee-and-breast position for this purpose, and stated that in order to facilitate the entrance of air into the vagina he was in the habit of inserting into it a small glass tube, which he called the uterine repositior. One advantage of this repositior was that it could be used by the patient herself, during the absence of the physician, when necessary.

The paper which excited the greatest opposition and the most lively discussion of the entire session was that by Dr. Emil Noeggerath, on "Latent Gonorrhœa, especially with regard to its Influence on Fertility in Women," in which he reiterated the startling propositions set forth in his monograph on the subject, published four years ago, and detailed numerous facts accumulated by him since that time, which he thought more fully substantiated his peculiar views. A paper contributed by Dr. Alfred Wiltshire, of London, on "Death from Uræmia in Certain Malignant Diseases of the Uterus," was next read by the Secretary, Dr.

Chadwick, in which the author stated that he believed the suppression of urine, resulting in uræmia, in these cases, to be due to occlusion of the ureters; and then Dr. George J. Engelmann read a paper entitled "A Menstrual Hystero-Neurosis of the Stomach," in which he narrated three cases where the menstrual period was attended with symptoms almost exactly resembling acute gastritis, and all of which completely and immediately passed away when the menstrual molimen was over.

At the concluding session, Dr. Peaslee related a remarkable case in which he had performed Battey's operation for extirpation of the ovaries, which had resulted in fatal peritonitis. In the course of his remarks he said that, as a general rule, he was distinctly and emphatically opposed to this operation, on account of the very great danger attending it, and the small prospect of relief in most instances; and stated that he would never consent to undertake it for the relief of purely physical suffering, but only for the sake of preventing the patient's mind, if possible, from degenerating into idiocy or insanity. The last paper that was read before the Society was by Dr. William Goodell, on "The Treatment of Acute Lacerations of the Female Perineum, and for Lesions of the Recto-Vaginal Septum;" and in regard to the former, the writer expressed his opinion very decidedly in favor of immediate operation in cases in which the sphincter ani was involved as well as those where the rent was not so extensive. In regard to the treatment of injuries of the recto-vaginal septum, he was not willing to give a positive opinion. The views of nearly all the gentlemen who spoke on the paper seemed to coincide entirely with those of Dr. Goodell.

There was not time for the reading of the following papers which had been prepared for the meeting of the Society.

A paper sent by Dr. J. Matthews Duncan, of Edinburgh. (Title not announced.)

A paper sent by Mr. Lawson Tait, of Birmingham, England. (Title not announced.)

Hydrate of Chloral in Obstetric Practice, by Dr. W. L. Richardson.

A Case of Labor complicated with Four Large Uterine Fibroids and Placenta Prævia, by Dr. J. R. Chadwick.

Cases of Cystic Tumors of the Pelvis, by Dr. G. H. Bixby.

Masturbation in Women, with a Report of Seventeen Cases treated with Bromide of Potassium, by Dr. J. R. Chadwick.

What is the History of Calculi formed in the Bladder after Operations for Vesico-Vaginal Fistulæ? by Dr. H. F. Campbell.

Battey's Operation for Extirpation of the Ovaries, by Dr. Robert Battey.

Battey's operation is to be made the special subject for discussion at the next meeting of the Society, which will be held in Boston in May, 1877. Before adjourning, all the officers were re-elected. They are as follows: Presi-

dent, Fordyce Barker, of New York; Vice-Presidents, W. L. Atlee, of Philadelphia, and W. H. Byford, of Chicago; Council, J. Marion Sims, of New York, W. Goodell, of Philadelphia, T. Parvin, of Indianapolis, and G. H. Lyman, of Boston; Secretary, J. R. Chadwick, of Boston; Treasurer, P. F. Munde, of New York.

At the first meeting of the Medico-Legal Society after the summer vacation, Dr. James O'Dea, of Clifton, Staten Island, read an interesting paper on "The Progress of Medico-Legal Science, especially in America," which showed a good deal of careful research, and contained quite a complete catalogue of all the literature on the subject. The study of the science, it seems, originated in Germany, and was then taken up in France. From there it spread to Great Britain, and, finally, to this continent. The history of its progress comprises two periods: *first*, the pre-scientific, when everything depended on tradition, and there was no original research; and *second*, the scientific, dating from the rise of modern physiology and chemistry, and characterized, (1) by a copious literature, founded on scientific personal investigation, (2) by chairs in colleges and universities for the teaching of the science, and (3) by Medico-Legal Societies, for its enlightened study and the diffusion of a knowledge of it. This country, said the speaker, was rich in the first respect, poor in the second, and, in regard to the third, had had the honor of establishing the first society of the kind ever organized. The first teacher of medico-legal science in America was Dr. James Stringham, who became a professor in Columbia College in 1804, just after his return from Edinburgh, where its study had recently been introduced and taught by the Duncans, father and son, and where he had become thoroughly imbued with their ardent spirit and zeal in its behalf. He was afterwards professor in the College of Physicians and Surgeons, and finally died in 1817, lamented as the founder and great apostle of the science in this country. From a table recently furnished him by the National Bureau of Education in Washington, Dr. O'Dea had learned that out of seventy-one medical colleges in the United States, in only forty was the subject taught at all, and of these, in only nine were there regular systematic courses of lectures upon it.

Dr. O'Dea concluded his paper with a sketch of the history of the Medico-Legal Society of New York, which was the first one ever established in the world, and congratulated its members on the good work which it had already accomplished. Among the objects achieved wholly, or to a great extent, through its instrumentality, he mentioned—

(1) The modification in the laws of the State concerning abortions. The term of imprisonment for inducing a criminal abortion could now be prolonged indefinitely, at the

discretion of the judge, and the word *quick* had been omitted altogether in the statute, which had been of great service in diminishing the number of abortions. Formerly the law had really encouraged rather than prevented abortions before the time of quickening. The law also now took cognizance of instruments as means of producing abortion, and not merely of medicines, as formerly.

(2) The laws in regard to insanity had been materially modified, and were considered by the best authorities to be greatly improved. After mature deliberation and a prolonged discussion, it had been decided as the sense of the Society that the plea of *emotional insanity* was an improper one, and according to the present law the accused is examined by a committee of experts previous to the time set for his trial, and if he is found to be really insane he is at once sent to a proper asylum, while the State is thus spared altogether the expense of the trial.

(3) The result of the examination of the case of Dr. Paul Schœppe, in Pennsylvania, by a commission appointed by the Society, has had great weight in the country at large, and has fully established the fact that the evidence adduced was wholly insufficient to convict.

(4) A permanent commission, composed of distinguished members of both professions, to whom all difficult questions in medico-legal science arising in the community might be referred for settlement, had been established, in accordance with the plan adopted by the Medico-Legal Society of Paris.

(5) The nucleus of what ought to become one of the most complete libraries of its kind in the world had been formed. For this they were indebted to the indefatigable exertions of the late President of the Society, Mr. Clark Bell, and it was to be hoped that all the members would emulate his zeal and energy in its behalf.

Finally, Dr. O'Dea suggested as a field in which the Society might accomplish a much-needed work, the labor of impressing upon the faculties of all our medical colleges the urgent importance of establishing separate and fully-equipped chairs of medical jurisprudence and toxicology.

The subject of school hygiene is one which cannot receive too much attention, and, in view of the importance of the subject, the following quotations from the able address of Dr. R. J. O'Sullivan, of this city, at the recent meeting of the American Social Science Association, will doubtless prove of general interest, especially at the present time, when our school-children have just been re-assembled for their ten-months' labor.

The schools of New York City externally present an imposing appearance, and a stranger entering one of the departments imagines that there cannot be anything finer. But, in the language of President Wood, of the Board

of Education, "When we look at the practice, the spots in this sun of ours are very large. It is at the very threshold—in the primary departments—that they most startle one." Two-thirds of the pupils are in those departments. The practice has hitherto been to allow them to enter at four years of age. It is now fixed, by an amendment to the constitution, at five years; but all who have had experience in school affairs will concur in the opinion of President Wood, that the minimum age ought to be six years.

That we have here all the elements to induce disease, to make these schools nests for the breeding and spread of disease, can be readily demonstrated. Since medical supervision was withdrawn—now more than three years ago—these children have been exposed to contagious diseases, which are carried from the crowded tenement-houses, through the persons and clothing of the pupils, no care being taken to isolate and quarantine the sick until it is safe to re-admit them, which was the practice when the schools were under medical direction. The office of Visiting Physician, charged with sanitary supervision, was instituted by the late Department of Public Instruction, but almost immediately afterwards the entire department was abolished by an act of the Legislature. The presidents of the principal medical associations in New York petitioned the new Board of Education to continue the office, but it was of no avail. Political exigency, rather than sanitary requirement, prevailed. I have mentioned this incident to show the present unprotected condition of the pupils attending the public schools, and also to show—humiliating as the admission must be—how little influence the medical profession has on the political element which governs public education.

Under a recent by-law of the Board of Education fixing the sitting capacity of rooms, the allowance of floor space and air-space is as follows: in the lower grades of primary schools and departments, five square feet and seventy cubic feet; in the three higher grades, six square feet and eighty cubic feet; in the four lower grades of grammar-schools, seven square feet and ninety cubic feet; in higher grades, nine square feet and one hundred cubic feet. It will be seen that the younger pupils are allowed the least floor- and air-space. Before the passage of this by-law, in the lower primary grades the utmost air-space obtainable was fifty feet. The present Board of Education deserves credit for its action in this matter, but a little reflection will show, however, that the space allowed is still insufficient to protect the health of the children in these departments. Accepting the opinion of the best authorities, eight hundred cubic feet is the lowest standard of allowance for twenty-four hours. This standard for five hours' daily school session requires one hundred and fifty cubic feet as the smallest air-space compatible with efficient ventilation without dangerous

exposures to draughts. It may be objected that to give this allowance of air-space a large number of pupils must be dismissed; that the Board of Education has not the means at its disposal to furnish the required school-room. There are certain measures which would materially aid in mitigating this difficulty, clearly within the authority and the means of the Board. I would suggest short sessions in the lower grades of primary schools as a measure calculated to protect the health of pupils, and also to avoid conditions predisposing to catarrhal affections and to liability to contract contagious diseases. As to the feasibility of this proceeding, I have asked the opinion of some of the most experienced teachers, and have invariably had their opinion, both verbally and in writing, that one session a day would be ample, and would not prevent the best results of school-work. One gentleman, for more than thirty years a respected principal, writes, "I believe that more good solid school-work can be done in all the departments in one session of four hours than is now done in six." It is obvious, from what has already been said, that the best reply I can give to the question asked as to the proper measures to be adopted to prevent the spread of contagious diseases among school-children is, briefly, that short sessions be held in primary departments and schools; that thorough scientific survey and sanitary inspection and supervision be permanently provided for; and that medical men be represented in the Boards of Education. The medical profession is not represented in the Board of New York; but the physical wants of one hundred thousand children demand this representation, and it is time that this claim should be considered and recognized.

Several cases and two or three deaths from yellow fever have recently been reported in this city and Brooklyn, but the disease has invariably occurred in persons coming directly from Savannah.

Dr. Samuel St. John, for many years the honored Professor of Chemistry and Medical Jurisprudence in the College of Physicians and Surgeons, is dead. PERTINAX.

OFFICIAL LIST

OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY FROM AUGUST 27, 1876, TO SEPTEMBER 9, 1876, INCLUSIVE.

(Continued from last number.)

MILLER, G. McC., ASSISTANT-SURGEON, Department of Arizona.

MOFFATT, P., ASSISTANT-SURGEON, Department of the Missouri.

TREMAINE, W. S., ASSISTANT-SURGEON.—Ordered before Army Medical Board, New York City, for examination for promotion, and, on its completion, to return to his station.

HARVEY, P. F., ASSISTANT-SURGEON.—To report to the Commanding General, Department of Dakota, for assignment to duty.

McELDERRY, H., ASSISTANT-SURGEON.—On expiration of leave of absence, assigned to duty at Fort Monroe, Va.

GIRARD, J. B., ASSISTANT-SURGEON.—On expiration of leave of absence, to report to Commanding General, Division of the Atlantic, for assignment to duty.

JACKSON, D., ASSISTANT-SURGEON.—Relieved from duty in Department of Texas, and ordered to Division of the Atlantic, for assignment.

The following-named Assistant-Surgeons, recently appointed, will report for duty or assignment as follows:

GARDNER, EDWIN F., to Commanding Officer, Willett's Point, N. Y. Harbor, for temporary duty.

CORBUSIER, WM. H., by letter to the Commanding General, Department of the South.

BUELL, J. W., to accompany first detachment of recruits to Department of Texas, and, on arrival, to report by letter to the Department Commander for assignment.

SHUFFELDT, R. W., to the Commanding Officer, Fort McHenry, Md., for temporary duty.

APPEL, D. M., to the Commanding General, Department of the Missouri, for assignment.

ANDREWS, W. C. C., to the Superintendent Mounted Recruiting Service, for temporary duty at St. Louis Barracks, Mo.

CUNNINGHAM, THOMAS A., by letter to the Commanding General, Department of Dakota, for assignment.

BURTON, H. G., in person, to the Commanding Officer, Department of Arizona, for assignment.

OFFICIAL LIST OF CHANGES FROM SEPTEMBER 10, 1876, TO SEPTEMBER 23, 1876, INCLUSIVE.

FORWOOD, WM. H., SURGEON.—Relieved from duty in Department of Texas, and to report by letter to the Surgeon-General when able to resume duty. S. O. 188, A. G. O., September 11, 1876.

JAQUETT, G. P., ASSISTANT-SURGEON.—On expiration of his present leave of absence, to report in person to the Commanding General, Department of the South, for assignment to duty. S. O. 188, c. s., A. G. O.

BROWN, J. M., ASSISTANT-SURGEON.—Relieved from duty in Military Division of the Atlantic, and to report in person to the Commanding General, Department of the Missouri, for assignment. S. O. 188, c. s., A. G. O.

TAYLOR, M. K., ASSISTANT-SURGEON.—Ordered before the Army Medical Board, New York City, for examination for promotion, and, on completion thereof, to rejoin his proper station. S. O. 188, c. s., A. G. O.

O'REILLY, R. M., ASSISTANT-SURGEON.—Granted leave of absence for twenty days. S. O. 182, Division of the Atlantic, September 13, 1876.

SEMIG, B. G., ASSISTANT-SURGEON.—Assigned to duty with Company G, First Cavalry, near Soledad Station, California. S. O. 127, Division of the Pacific, Department of California, September 9, 1876.

WORTHINGTON, J. C., ASSISTANT-SURGEON.—Assigned to duty as Post-Surgeon at Fort Whipple, A. T. S. O. 108, c. s., Department of Arizona.

ROSSON, R. L., ASSISTANT-SURGEON.—Assigned to temporary duty at Camp Grant, A. T. S. O. 108, Department of Arizona, September 5, 1876.

APPEL, D. M., ASSISTANT-SURGEON.—Upon arrival of Assistant-Surgeon Perley at Fort Monroe, to report in person to the Commanding General, Department of the Missouri, for assignment. S. O. 188, c. s., A. G. O.

CUNNINGHAM, T. A., ASSISTANT-SURGEON.—Assigned to duty at Fort Rice, D. T. S. O. 112, Department of Dakota, September 12, 1876.

PERLEY, H. O., ASSISTANT-SURGEON (recently appointed).—To report in person to the Commanding Officer, Fort Monroe, Virginia, for temporary duty at that post. S. O. 188, c. s., A. G. O.

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